

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000044633

**Entity Name:** ABELLA YOSE CARE SERVICE, INC.

**Current Principal Place of Business:**

5901 NW 151 STREET  
STE 102  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

5901 NW 151 STREET  
STE 102  
MIAMI LAKES, FL 33014

**FEI Number:** 20-8840929

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABELLA, ONEIDA  
5901 NW 151 STREET  
STE 102  
MIAMI LAKES, FL 33014 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ABELLA, ONEIDA  
Address 5901 NW 151 STREET , STE 102  
City-State-Zip: MIAMI LAKES FL 33014

Title VICE PRESIDENT/ DIRECTOR  
Name ABELLA, IRENEL  
Address 5901 NW 151 STREET  
STE 102  
City-State-Zip: MIAMI LAKES FL 33014

Title SECRETARY  
Name ABELLA, YOSSELIN  
Address 5901 NW 151 STREET  
STE 102  
City-State-Zip: MIAMI LAKES FL 33014

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ONEIDA ABELLA

**PRESIDENT**

**01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date