

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000002022

Entity Name: MI OTRO HOGAR ADULT DAY CARE CENTER, INC.

FILED
Apr 16, 2013
Secretary of State
CC5322935439

Current Principal Place of Business:

3293 N. W. 7TH STREET
MIAMI, FL 33125

Current Mailing Address:

3293 N. W. 7TH STREET
MIAMI, FL 33125 US

FEI Number: 45-5133374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOMINGUEZ, MIRIAN E
8861 SW 17TH ST
MIAMI, FL 33165 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 | Title | VP |
| Name | DOMINGUEZ, MIRIAN E | Name | GONZALEZ, EVA |
| Address | 8861 SW 17TH ST | Address | 8861 SW 17TH ST |
| City-State-Zip: | MIAMI FL 33165 | City-State-Zip: | MIAMI FL 33165 |
| | | | |
| Title | ST | Title | D |
| Name | BENAVIDES, JULIA | Name | MIRO, MARIO P |
| Address | 995 SW 84TH AVE @120 | Address | 8861 SW 17TH ST |
| City-State-Zip: | MIAMI FL 33144 | City-State-Zip: | MIAMI FL 33165 |

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: MIRIAN E. DOMINGUEZ

PRESIDENT

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date