

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18219

FILED
Jan 23, 2005
Secretary of State

Entity Name: LLERENA'S HEALTH MED-CENTRE, CORP.

Current Principal Place of Business:

1451 SW 1ST
#1
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1451 SW 1ST
#1
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0155835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLERENA, SARA N
434 SW 12 AVE. #203
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

LLERENA, SARA N
11975 SW 46ST
MIAMI, FL 33175 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:

01/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LLERENA, SARA N
Address: 434 SW 12 AVE. #203
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LLERENA, SARA N
Address: 11975 SW 46ST
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SARA N LLERENA

PD

01/23/2005

Electronic Signature of Signing Officer or Director

Date