

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002014

FILED
Apr 20, 2009
Secretary of State

Entity Name: ACELIA TROPICAL SENIOR CARE, INC.

Current Principal Place of Business:

21 NW 133 PLACE
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

21 NW 133 PLACE
MIAMI, FL 33182

New Mailing Address:

FEI Number: 26-2491819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTEGA, EDITH
6889 NW 179 ST., STE. 105
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HERNANDEZ, NELSON
Address: 6889 NW 179 ST, APT. 105
City-St-Zip: HIALEAH, FL 33015

Title: T () Delete
Name: ORTEGA, EDITH
Address: P.O. BOX 654759
City-St-Zip: MIAMI, FL 33265

Title: T () Delete
Name: OTANO, ACELIA
Address: 6889 NW 179 ST., APT. 105
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON HERNANDEZ

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date