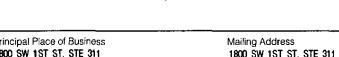
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000062369 DOCUMENT # 1. Entity Name

ZENY HOME HEALTH CARE, CORP.





04-07-2003 90121 037 ***150.00

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Principal Place of Business 1800 SW 1ST ST. STE 311 MIAMI FL 33135			Mailing Address 1800 SW 1ST ST. STE 311 MIAMI FL 33135					i indiindi ili dalka ilkii dakii da	II Ba rk Ba ik a B i	1 :0 1:100 (1:10)	TILLE (1811 18 1 4
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE	IF MAKING	CHANGES	
City & State			City & State				4.	4. FEI Number 65-1115392 Applied For			
Zip Country			Zip Country			ry	5. (Certificate of Status Desired		8.75 Add	at Applicable
	6 Name on	d Address of Current F	a mintana					Inme and Address of New C		ee Require	<u> </u>
	o. Name and	Address of Current P	egistere	o Agent	-	Name		tame and Address of New R	egistered A	yent	
TEJEDA, ZENAIDA						140.110					
	29TH ST.		Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
MIAMI FL	33142										
	. *	City			City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	9	
8. The above	a named entity su	bmits this statement for	the purpo	ose of changing its	registere	d office or regi	stered age	ent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept
the obliga	tions of registered	agent.									
SIGNATURE	1	•									ŀ
Oldi Will Oli IE	Signature, typed or pri	nted name of registered agent an	d title if appl	icable. (NOTE	Registered	Agent signature req	uired when re	instating)	DATE		
.,	ILE NOW!!! F	EE IS \$150.00		<u></u>							
		ee will be \$550.00					-	9. Election Campaign Fir		 \$5:0	O May Be
		orida Department of	State					Trust Fund Contribution	n. 🗀	Audeo	I to Fees
10.		OFFICERS AND D	IRECTO	RS	11.		AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR!	S IN 11
TITLE	P	·· ·		☐ Delete	TITLE					Change	Addition
NAME	TEJEDA, ZEN.	AIDA			NAME					_ •	_
STREET ADDRESS	3090 NW 29T				STREE	T ADDRESS					}
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP