2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000067401

1. Entity Name
ABUELITAS HOME INC.



FILED
Apr 22, 2005 08:00 AM
Secretary of State

Principal Place of Business

15257 SW 61 STREET MIAMI, FL 33193 Mailing Address

15257 SW 61 STREET MIAMI, FL 33193



DO NOT WRITE IN THIS SPACE

03142005 No Chg-P CR2E034 (10/03)

FEI Number	Applied For
37-1429043	Not Applicabl
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

YILLHAM, MORENO 13490 SW 30 ST. MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

	named enlity submits this statement for the pions of registered agent.	urpose of changing its registered of	fice or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered Agen	t signatur	e required when re-instating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, YILLIAM 13490 SW 30TH ST. MIAMI, FL 33175				
TITLE MAME STREET ADDRESS CITY-ST-ZIP					U00000323843 04/22/05-80069-021 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 or trusted 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 with macrifess, with all other like empowered.

SIGNATURE:

AT HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-18-05 (305)752982