

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076546

FILED  
May 04, 2011  
Secretary of State

Entity Name: AAA HOME HEALTH SERVICES INC.

**Current Principal Place of Business:**

2929 SW 3RD AVENUE  
SUITE 520  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

2929 SW 3RD AVENUE  
SUITE 520  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 65-1140515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAVRIDIS, CONSUELO P PRESIDE  
239 SW 29 RD  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

FERREIROS-MAVRIDIS, CONSUELO PRESIDE  
239 SW 29 RD  
MIAMI, FL 33129 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: CONSUELO FERREIROS-MAVRIDIS

05/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FERREIROS-MAVRIDIS, CONSUELO  
Address: 239 SW 29 RD  
City-St-Zip: MIAMI, FL 33129

Title: DS  
Name: FERREIROS-MAVRIDIS, CONSUELO  
Address: 239 SW 29 RD  
City-St-Zip: MIAMI, FL 33129

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: CONSUELO FERREIROS-MAVRIDIS

DP

05/04/2011

Electronic Signature of Signing Officer or Director

Date