

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000103051

Entity Name: ALEYDA'S HOME CARE, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1205 71 ST  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

1195 71 ST  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

1205 71 ST  
MIAMI BEACH, FL 33141

**New Mailing Address:**

1195 71 ST  
MIAMI BEACH, FL 33141

FEI Number: 65-1146518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUNOZ, ALEYDA  
1955 CALAIS DR  
4  
MIAMI BEACH, FL 33141 US

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

MUNOZ, ALEIDA  
1955 CALAIS DR  
4  
MIAMI BEACH, FL 33141 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: ALEIDA MUNOZ

Electronic Signature of Registered Agent

03/15/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MUNOZ, ALEIDA  
Address: 1955 CALAIS DR APT# 4  
City-St-Zip: MIAMI BEACH, FL 33141

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: ALEIDA MUNOZ

Electronic Signature of Signing Officer or Director

P

03/15/2011

Date