

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105998

FILED
Apr 07, 2004
Secretary of State

Entity Name: INTERAMERICAN HOME HEALTH CARE, CORP.

Current Principal Place of Business:

6801 NW 77 AVE
STE 106
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6801 NW 77 AVE
STE 106
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1150181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ANA
398 E. 33RD ST., SUITE 204
HIALEAH, FL 33013

Name and Address of New Registered Agent:

FERNANDEZ, ANA
480 EAST 38 ST
HIALEAH, FL 33013

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: ANA T FERNANDEZ

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REYES, DIOUYS
Address: 6580 W 24 CORT #19-11
City-St-Zip: HIALEAH, FL 33016

Title: P () Delete
Name: FERNANDEZ, ANA
Address: 6801 NW 77 AVE #106
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALMA, ECHEVERRIA
Address: 909 HWY 244
City-St-Zip: RUSSELLVILLE, AL 35654

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

Title: T () Change (X) Addition
Name: REYES, DIONYS
Address: 480 EAST 38 ST.
City-St-Zip: HIALEAH, AL 33013

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALMA ECHEVERRIA

D

04/07/2004

Electronic Signature of Signing Officer or Director

Date