

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000005982

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** A & A HEALTH SERVICE, INC.

**Current Principal Place of Business:**

3408 W 84 ST  
BUILDING G #203  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

3408 W 84 ST  
BUILDING G #203  
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number:** 33-0993294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABRERA, BLANCA D  
5374 SW 186 WAY  
MIRAMAR, FL 33029 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CABRERA, BLANCA D  
Address: 5374 SW 186 WAY  
City-St-Zip: MIRAMAR, FL 33029

Title: VTD  
Name: DELGADO, MARICELA  
Address: 8930 NW 181 ST  
City-St-Zip: HIALEAH, FL 33018

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: BLANCA D. CABRERA

PSD

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date