

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90065 001 ***150.00
 02-20-2007 90065 002 *****8.75



DOCUMENT # P02000036897
 1. Entity Name
ALFA WORKING FOR ELPA HOME CARE, INC.

Principal Place of Business: **9950 SW 83 STREET MIAMI, FL 33173**
 Mailing Address: **9950 SW 83 STREET MIAMI, FL 33173**

2. Principal Place of Business - No P.O. Box # **9950 SW 83 ST**
 Suite, Apt. #, etc.
 3. Mailing Address **9950 SW 83 ST**
 Suite, Apt. #, etc.

City & State **MIAMI Florida**
 Zip **33173** Country **DADE**
 City & State **MIAMI Florida**
 Zip **33173** Country **DADE**

Barcode
 01192007 Chg-P CR2E034 (12/06)
 4. FEI Number **04-3644588** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FE HERRERA, ARELYS
9950 SW 83 STREET
MIAMI, FL 33173

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FE HERRERA, ARELYS	
STREET ADDRESS	9950 SW 83 STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LICEA, REINALDO	
STREET ADDRESS	9950 SW 83 STREET	
CITY-ST-ZIP	MIAMI, FL 33173	N/A
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee 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 an address, with all other like empowered.

SIGNATURE: _____ Date **02/09/07** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR