

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90002 040 \*\*\*150.00

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 # <i>ALFA WORKING FOR ELPA HOME CARE</i>		3. Mailing Address <i>9950 SW 83 ST</i>			
Suite, Apt. #, etc. <i>9950 SW 83 ST</i>		Suite, Apt. #, etc. <i>MIAMI FL 33173</i>			
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL 33173</i>			
Zip <i>33173</i>		Country <i>FLORIDA</i>		4. FEI Number 05152008 Chg-P CR2E034 (12/06) 04-3644588	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: <i>ARELYS HERRERA</i> Street Address (P.O. Box Number is Not Acceptable): <i>9950 SW 83 ST</i> City: <i>MIAMI</i> FL Zip Code: <i>33173</i>		
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: <i>[Signature]</i> DATE: <i>05/28/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FE HERRERA, ARELYS 9950 SW 83 STREET MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i>		Date: <i>05/28/08</i>		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					