

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000098997

Entity Name: CIRA HOME CARE INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

870 E 5 STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

19990 NW 83 COURT  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 05-0534506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PADRON, VIVIAN  
19990 NW 83 COURT  
MIAMI, FL 33015 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: PS  
Name: PADRON, VIVIAN  
Address: 19990 NW 83 COURT  
City-St-Zip: MIAMI, FL 33015

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: VIVIAN PADRON

PS

04/26/2012

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

\_\_\_\_\_  
Date