

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107767

Entity Name: ROSAIDA HEALTH CARE, INC.

FILED  
Jan 15, 2007  
Secretary of State

**Current Principal Place of Business:**

4163 NW 135 STREET  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

4163 NW 135 STREET  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 72-1536268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESPINOSA, IDA  
4163 NW 135 STREET  
OPA LOCKA, FL 33054 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ESPINOSA, IDA  
Address: 4163 NW 135 ST.  
City-St-Zip: OPA LOCKA, FL 33054

Title: VD ( ) Delete  
Name: RULAN, LISSET  
Address: 6836 SW 16 CT.  
City-St-Zip: PEMBROKE PINES, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: IDA ESPINOSA

PSTD

01/15/2007

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

\_\_\_\_\_ Date