

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107767

FILED
May 01, 2009
Secretary of State

Entity Name: ROSAIDA HEALTH CARE, INC.

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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

05/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date