

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115500

Entity Name: ISA ADULT HOME CARE. INC

FILED
May 12, 2009
Secretary of State

Current Principal Place of Business:

4363 SW 146 AVE
MIAMI, FL 33173

New Principal Place of Business:

4363 SW 146 AVE
MIAMI, FL 33173 US

Current Mailing Address:

4363 SW 146 AVE
MIAMI, FL 33173

New Mailing Address:

4363 SW 146 AVE
MIAMI, FL 33173 US

FEI Number: 75-3086421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ISABEL
10300 SW 66 ST
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

LOPEZ, ISABEL
10300 SW 66TH STREET
MIAMI, FL 33173 US

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: ISABEL LOPEZ

05/12/2009

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: PD () Delete
Name: LOPEZ, ISABEL
Address: 10300 SW 66 ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, ISABEL
Address: 10300 SW 66TH STREET
City-St-Zip: MIAMI, FL 33173 US

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: ISABEL LOPEZ

PD

05/12/2009

Electronic Signature of Signing Officer or Director

Date