## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000101981

Entity Name: EL MEDICO DEL HOGAR INC.

FILED Dec 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

449 SW 1 CT #106 4216 SW 134 PLACE POMPANO BCH, FL 33060 4216 SW 134 PLACE MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

449 SW 1 CT #106 4216 SW 134 PLACE POMPANO BCH, FL 33060 4216 SW 134 PLACE MIAMI, FL 33175

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ALMENARES, JUAN B
449 SW 1 CT #106
POMPANO BCH, FL 33060
US

ALMENARES, JUAN B
4216 SW 134 PLACE
MIAMI, FL 33175
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: JUAN ALMENARES 12/06/2004

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: ALMENARES, JUAN B Name: ALMENARES, JUAN B

 Address:
 449 SW 1 CT #106
 Address:
 4216 SW 134 PLACE

 City-St-Zip:
 POMPANO BCH, FL 33060
 City-St-Zip:
 MIAMI, FL 33175

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: AGUILAR, CLAUDIA P Name:

 Name:
 AGUILAR, CLAUDIA P
 Name:

 Address:
 13143 SW 15 LANE
 Address:

 City-St-Zip:
 MIAMI, FL 33184
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUAN ALMENARES D 12/06/2004