

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000013104

1. Entity Name
IGMA HOME HEALTH CARE, CORP.



Principal Place of Business
5901 NW 151 ST.
STE. 220
MIAMI LAKES, FL 33014

Mailing Address
5901 NW 151 ST.
STE. 220
MIAMI LAKES, FL 33014



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0634570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGULO, IGNACIO
14510 SW 37 ST.
MIRAMAR, FL 33027

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANGULO, IGNACIO
STREET ADDRESS 14510 SW 37 ST.
CITY- ST- ZIP MIRAMAR, FL 33027

TITLE SD
NAME DE JESUS, MARIA
STREET ADDRESS 14510 SW 37 ST.
CITY- ST- ZIP MIRAMAR, FL 33027

TITLE TD
NAME ANGULO, MONTESANO
STREET ADDRESS 14510 SW 37 ST.
CITY- ST- ZIP MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

1100000428841
02/21/06-80062-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ignacio R. Angulo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06 305 823 7461
Date Daytime Phone #