

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013605

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** AMERICANA HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

633 NE 167TH STREET  
SUITE # 607  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

633 NE 167TH STREET  
SUITE # 607  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 20-0611728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEANGILLES, WILBENS  
633 NE 167TH STREET  
SUITE # 607  
NORTH MIAMI BEACH, FL 33162 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: PRES  
Name: JEANGILLES, WILBENS  
Address: 633 NE 167TH STREET SUITE # 607  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

**SIGNATURE:** WILBENS JEANGILLES

PRRE

05/04/2010

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

\_\_\_\_\_  
Date