

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066721

FILED  
Apr 16, 2005  
Secretary of State

Entity Name: MANICANA HOME HEALTH AGENCY, INC.

## Current Principal Place of Business:

16300 NE 19TH AVE  
STE 102  
MIAMI, FL 33162

## New Principal Place of Business:

633 NE167TH ST.  
STE 622  
MIAMI, FL 33162

## Current Mailing Address:

1884 NE 187TH ST  
N MIAMI BEACH, FL 33179

## New Mailing Address:

FEI Number: 47-0940890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARANO, NICOLAS A  
16300 NE 19TH AVE  
STE 102  
MIAMI, FL 33162 US

## Name and Address of New Registered Agent:

FARANO, NICOLAS A  
633 NE 167TH ST.  
STE 622  
MIAMI, FL 33162 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:

04/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FARANO, NICOLAS A  
Address: 1884 NE 187TH ST  
City-St-Zip: N MIAMI BEACH, FL 33179

Title: VPD ( ) Delete  
Name: FARANO, CARIDAD M  
Address: 1884 NE 187TH ST  
City-St-Zip: N MIAMI BEACH, FL 33179

## 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 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: NICOLAS FARANO

PRES

04/16/2005

Electronic Signature of Signing Officer or Director

Date