

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000082348

Entity Name: MI RETIRO HOMECARE ALF, INC.

FILED
Oct 21, 2005
Secretary of State

Current Principal Place of Business:

8905 NW 120 TERRACE
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

18137 NW 89 PLACE
MIAMI, FL 33018

New Mailing Address:

FEI Number: 36-4557682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, CHRISTIAN
18137 NW 89 PLACE
MIAMI, FL 33018 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

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HERNANDEZ, CHRISTIAN
Address: 18137 NW 89 PLACE
City-St-Zip: MIAMI, FL 33018

Title: VPD (X) Delete
Name: HERNANDEZ, RICHARD
Address: 5565 W. 13 AVE
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Delete
Name: HERNANDEZ, GEORGE
Address: 56 TOMKINS AVE
City-St-Zip: STONY POINT, NY 10980

Title: D (X) Delete
Name: HERNANDEZ, JORGE
Address: 219 AUDUBON AVE., APT 35
City-St-Zip: MANHATTAN, NY 10033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: HERNANDEZ, CHRISTIAN
Address: 18137 NW 89 PLACE
City-St-Zip: MIAMI, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTIAN HERNANDEZ

PVST

10/21/2005

Electronic Signature of Signing Officer or Director

Date