

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082348

FILED  
Apr 16, 2006  
Secretary of State

Entity Name: MI RETIRO HOMECARE ALF, INC.

## Current Principal Place of Business:

8905 NW 120 TERRACE  
HIALEAH GARDENS, FL 33018

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## 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 Chapter 119, 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

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04/16/2006

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

\_\_\_\_\_  
Date