

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90004 003 ***150.00

DOCUMENT # P04000140093

1. Entity Name

LLERENA HOME HEALTH CARE, INC.



Principal Place of Business

11890 S.W. 8TH STREET
SUITE 201
MIAMI, FL 33184

Mailing Address

11890 S.W. 8TH STREET
SUITE 201
MIAMI, FL 33184

50021659



06162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LLERENA, LISET
11890 S.W. 8TH STREET
SUITE 201
MIAMI, FL 33184

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LLERENA, LISET
STREET ADDRESS	11890 S.W. 8TH STREET, SUITE 201
CITY - ST - ZIP	MIAMI, FL 33184

TITLE	VP
NAME	MARIN, YANELY
STREET ADDRESS	11890 S.W. 8TH STREET, SUITE 201
CITY - ST - ZIP	MIAMI, FL 33184

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #