

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140093

FILED
Apr 20, 2007
Secretary of State

Entity Name: LLERENA HOME HEALTH CARE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3261417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABREU, FRANCISCO
11890 S.W. 8TH STREET
SUITE 201
MIAMI, FL 33184 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: P () Delete
Name: LLERENA, LISET
Address: 11890 S.W. 8TH STREET, SUITE 201
City-St-Zip: MIAMI, FL 33184

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: ABREU, FRANCISCO
Address: 11890 S. W. 8TH STREET, SUITE 201
City-St-Zip: MIAMI, FL 33184

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: FRANCISCO ABREU

VP

04/20/2007

Electronic Signature of Signing Officer or Director

Date