

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140093

FILED
Mar 26, 2009
Secretary of State

Entity Name: LLERENA HOME HEALTH CARE, INC.

Current Principal Place of Business:

2500 SW 107 AVE
SUITE 37
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

2500 SW 107 AVE
SUITE 37
MIAMI, FL 33165 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ABREU, FRANCISCO
2500 SW 107 AVE
SUITE 37
MIAMI, FL 33165 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: 2500 SW 107 AVE, SUITE 37
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: ABREU, FRANCISCO
Address: 2500 SW 107 AVE, SUITE 37
City-St-Zip: MIAMI, FL 33165

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 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

03/26/2009

Electronic Signature of Signing Officer or Director

Date