

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

DOCUMENT # P04000140702

1. Entity Name
NEW LIFE HOME HEALTHCARE INC.



01-08-2007 90259 001 *****8.75
01-08-2007 90259 002 ***150.00

Principal Place of Business
13155 SW 42 STREET
MIAMI, FL 33175

Mailing Address
13155 SW 42 STREET
MIAMI, FL 33175



01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #
13155 SW 42 STREET

3. Mailing Address
13155 SW 42 STREET

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-1235144

Applied For
Not Applicable

Zip
33175

Country

Zip
33175

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE L.
13155 SW 42ND STREET
SUITE 104
MAIMI, FL 33175

7. Name and Address of New Registered Agent

Name
RODRIGUEZ, JORGE L.
Street Address (P.O. Box Number is Not Acceptable)
13155 SW 42 STREET SUITE 104
City
MIAMI FL Zip Code
33175

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PIEDRA, MAYLEN
7483 SW 24 ST
MAIMI, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CONCEPCION, ALICIA
8951 SW 20 ST
MIAMI, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JORGE L. RODRIGUEZ
13155 SW 42 STREET SUITE 104
MIAMI FLORIDA 33175 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
MAYLEN PIEDRA
13155 SW 42 STREET, SUITE 104
MIAMI FLA 33175 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY - TREASURER
ALICIA CONCEPCION
13155 SW 42 STREET, SUITE 104
MIAMI FLORIDA 33175 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

JORGE L. RODRIGUEZ

1/3/07 (305) 229 0040
Date Daytime Phone #