

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155708

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: ANNIE HOME CARE SERVICES INC.

**Current Principal Place of Business:**

14335 SW 120 ST SUITE 207  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14335 SW 120 ST SUITE 207  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-1878511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALLADARES, AYMARA  
14956 SW 60 ST  
MIAMI, FL 33193 US

**Name and Address of New Registered Agent:**

VALLADARES, AYMARA  
14335 SW 120 ST  
SUITE 207  
MIAMI, FL 33186 US

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

04/27/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: VALLADARES, AYMARA  
Address: 14956 SW 60 ST  
City-St-Zip: MIAMI, FL 33193

Title: VP ( ) Delete  
Name: VALLADARES, MARIA  
Address: 14956 SW 60 ST  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: VALLADARES, AYMARA  
Address: 14335 SW 120 ST STE 207  
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change ( ) Addition  
Name: VALLADARES, MARIA  
Address: 14335 SW 120 ST STE 207  
City-St-Zip: MIAMI, FL 33186

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: AYMARA VALLADARES

Electronic Signature of Signing Officer or Director

PS

04/27/2009

Date