

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90170 043 \*\*\*150.00

DOCUMENT # P04000162724	
1. Entity Name ROYAL HOME HEALTH AGENCY SERVICE CORP.	

Principal Place of Business 13370 SW 131 ST #108 MIAMI, FL 33186	Mailing Address 13370 SW 131 ST #108 MIAMI, FL 33186
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2. Principal Place of Business 13370 SW 131 ST.	3. Mailing Address 13370 SW 131 ST.
Suite, Apt. #, etc. #108	Suite, Apt. #, etc. 108

City & State Miami, Florida	City & State Miami, FL
Zip 33186	Country DADE
Zip 33186	Country DADE



02172005 Chg-P CR2E034 (10/03)

4. FEI Number 34-2025861		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HERNANDEZ, BARBARA 13370 SW 131 ST #108 MIAMI, FL 33186		
7. Name and Address of New Registered Agent Name Barbara Hernandez Street Address (P.O. Box Number is Not Acceptable) 13370 SW 131 ST #108 Miami City Miami FL Zip Code 33186		

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: Barbara Hernandez B Hernandez 2/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, BARBARA 13370 SW 131 ST #108 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, FELIPE 13370 SW 131 ST #108 MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara Hernandez B Hernandez 2/28/05 786-237-4499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-253 7616