

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011188

Entity Name: ANICETO HEALTH CARE INC

FILED
Feb 18, 2008
Secretary of State

Current Principal Place of Business:

9745 SUNSET DR S-116C
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9745 SUNSET DR S-116C
MIAMI, FL 33173

New Mailing Address:

FEI Number: 81-0662672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROOT, KATHLEEN H MS
14270 SW 68 ST.
MIAMI, FL 33183 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: PT () Delete
Name: ANICETO, MILAGROS F
Address: 15967 SW 112 PLACE
City-St-Zip: MIAMI, FL 33157 US

Title: VS () Delete
Name: ROOT, KATHLEEN H
Address: 14270 SW 68 ST
City-St-Zip: MIAMI, FL 33183 US

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: KATHLEEN ROOT

VP

02/18/2008

Electronic Signature of Signing Officer or Director

Date