

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021565

FILED
Apr 30, 2009
Secretary of State

Entity Name: NURSE AID CORP.

Current Principal Place of Business:

8060 SW 152 AVE 512 #512
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

8060 SW 152 AVE 512 #512
MIAMI, FL 33193

New Mailing Address:

FEI Number: 51-0536932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTOLO, CARIDAD
8060 SW 152 AVE 512 #512
MIAMI, FL 33193 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: DPVT () Delete
Name: MONTOLO, CARIDAD
Address: 8060 SW 152 AVE 512 #512
City-St-Zip: MIAMI, FL 33193

Title: S () Delete
Name: MONTOLO, CARIDAD
Address: 8060 SW 152 AVE 512 #512
City-St-Zip: MIAMI, FL 33193

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: CARIDAD MONTOLO

_____ Electronic Signature of Signing Officer or Director

OWNE

04/30/2009

_____ Date