

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062463

Entity Name: LILY'S HOME CARE INC

FILED
Jan 06, 2011
Secretary of State

Current Principal Place of Business:

4711 NW 79TH AVENUE
SUITE 7G
DORAL, FL 33166

New Principal Place of Business:

6801 NW 77 AVE
SUITE 111
MIAMI, FL 33166

Current Mailing Address:

4711 NW 79TH AVENUE
SUITE 7G
DORAL, FL 33166

New Mailing Address:

6801 NW 77 AVE
SUITE 111
MIAMI, FL 33166

FEI Number: 20-2781558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRES, ROBERT
4711 NW 79TH AVENUE
SUITE 7G
DORAL, FL 33166 US

Name and Address of New Registered Agent:

TORRES, ROBERT
6801 NW 77TH AVENUE
SUITE 111
MIAMI, FL 33166 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: ROBERT TORRES

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TORRES, ROBERT
Address: 6801 NW 77TH AVENUE - SUITE 111
City-St-Zip: MIAMI, FL 33166

Title: VD
Name: CASADEVALLE, JUAN J
Address: 6801 NW 77 AVE SUITE 111
City-St-Zip: MIAMI, FL 33166

Title: V
Name: TORRES, HAYDEE M
Address: 6801 NW 77 AVE SUITE 111
City-St-Zip: MIAMI, FL 33166

Title: D
Name: MACHADO, RAMON R
Address: 6801 NW 77 AVE SUITE 111
City-St-Zip: MIAMI, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: ROBERT TORRES

PD

01/06/2011

Electronic Signature of Signing Officer or Director

Date