

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063100

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** "ANGIE" HOME HEALTH CARE INC

**Current Principal Place of Business:**

2730 S.W. 3RD AVE., STE 703  
MIMAI, FL 33129

**New Principal Place of Business:**

2730 S.W. 3RD AVE., STE 703  
MIAMI, FL 33129

**Current Mailing Address:**

2730 S.W. 3RD AVE., STE 703  
MIMAI, FL 33129

**New Mailing Address:**

2730 S.W. 3RD AVE., STE 703  
MIAMI, FL 33129

**FEI Number:** 20-3295037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRADO, JOSE C  
2730 S.W. 3RD AVE., STE 703  
MIAMI, FL 33129 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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: GOMEZ, PATRCIA  
Address: 2730 S.W. 3RD AVE., STE 703  
City-St-Zip: MIAMI, FL 33129

Title: V  
Name: ALFONZO, RAFAEL E  
Address: 2730 S.W. 3RD AVE., STE 703  
City-St-Zip: MIAMI, FL 33129

Title: P  
Name: PRADO, JOSE C  
Address: 2730 S.W. 3RD AVE., STE 703  
City-St-Zip: MIAMI, FL 33129

Title: VS  
Name: MARRERO, CARLOS E  
Address: 2730 S.W. 3RD AVE., STE 703  
City-St-Zip: MIAMI, FL 33129

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: CARLOS E MARRERO

VP

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date