

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082645

Entity Name: JUANITO HOME CARE INC

FILED  
Jan 15, 2008  
Secretary of State

## Current Principal Place of Business:

2500 N.W. 79 AVE., STE. 123  
DORAL, FL 33122

## New Principal Place of Business:

2500 N.W. 79 AVE.  
SUITE 123  
DORAL, FL 33122

## Current Mailing Address:

2500 N.W. 79 AVE., STE. 123  
DORAL, FL 33122

## New Mailing Address:

2500 N.W. 79 AVE.  
SUITE 123  
DORAL, FL 33122

FEI Number: 20-2971239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REINOSO, CIRILO E  
61 NW 40 AVE  
MIAMI, FL 33126 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: PSD ( ) Delete  
Name: REINOSO, CIRILO E  
Address: 61 NW 40TH AVE  
City-St-Zip: MIAMI, FL 33126

Title: VD (X) Delete  
Name: GARCIA, GABRIELA  
Address: 525 SW 146 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33011

Title: S ( ) Delete  
Name: TORRES, ROBERT  
Address: 9450 NW 58TH ST STE. 104  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: TORRES, ROBERT  
Address: 9450 NW 58TH ST STE. 104  
City-St-Zip: DORAL, FL 33178

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: CIRILO EDUARDO REINOSO

PSD

01/15/2008

Electronic Signature of Signing Officer or Director

Date