

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093568

FILED
Jun 12, 2006
Secretary of State

Entity Name: ALONDRA'S HOME HEALTH SERVICE INC

Current Principal Place of Business:

12055 SW 18TH STREET
4
MIAMI, FL 33175

New Principal Place of Business:

1800 WEST 49TH STREET
121
HIALEAH, FL 33012

Current Mailing Address:

1800 WEST 49TH STREET
134
HIALEAH, FL 33012

New Mailing Address:

1800 WEST 49TH STREET
121
HIALEAH, FL 33012

FEI Number: 20-3087370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAME, ISABEL T
1800 WEST 49TH STREET
134
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

LATIN AMERICAN ACCOUNTING SVCS INC
1800 WEST 49TH STREET
134
HIALEAH, FL 33012 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: ISABEL MORALES

06/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAME, ISABEL T
Address: 1800 WEST 49TH STREET SUITE 134
City-St-Zip: HIALEAH, FL 33012 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GAME, ISABEL T
Address: 12055 SW 18TH STREET UNIT 4
City-St-Zip: MIAMI, FL 33175 US

Title: VP () Change (X) Addition
Name: PENA, JUAN
Address: 2455 WEST 67TH PLACE UNIT 14
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: ISABEL GAME

P

06/12/2006

Electronic Signature of Signing Officer or Director

Date