

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150157

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: ARIAMNI HOME HEALTH CORP.

## Current Principal Place of Business:

11338 QUAIL ROOST DR.  
MIAMI, FL 33157 12

## New Principal Place of Business:

11486 QUAIL ROOST DR  
MIAMI, FL 33157

## Current Mailing Address:

11991 SW 195 ST  
MIAMI, FL 33177

## New Mailing Address:

FEI Number: 20-3821549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, DANIEL  
11991 SW 195 ST  
MIAMI, FL 33177 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: PD ( ) Delete  
Name: PINERO, NORMA  
Address: 11991 SW 195 ST  
City-St-Zip: MIAMI, FL 33177

Title: VPD ( ) Delete  
Name: HERNANDEZ, DANIEL  
Address: 11991 SW 195 ST  
City-St-Zip: MIAMI, FL 33177

## 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: NORMA PINERO

PD

04/25/2007

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

\_\_\_\_\_  
Date