

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150157

FILED  
May 21, 2009  
Secretary of State

Entity Name: ARIAMNI HOME HEALTH CORP.

## Current Principal Place of Business:

11486 QUAIL ROOST DR  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

11486 QUAIL ROOST DR  
MIAMI, FL 33157

## 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:

HERNANDEZ, DANIEL  
10470 SW 199 STREET  
MIAMI, FL 33157 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:

05/21/2009

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 ( ).

## 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: PD (X) Change ( ) Addition  
Name: PINERO, NORMA  
Address: 10470 SW 199 STREET  
City-St-Zip: MIAMI, FL 33157

Title: VPD (X) Change ( ) Addition  
Name: HERNANDEZ, DANIEL  
Address: 10470 SW 199 STREET  
City-St-Zip: MIAMI, FL 33157

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

05/21/2009

Electronic Signature of Signing Officer or Director

Date