

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159487

FILED
Mar 19, 2009
Secretary of State

Entity Name: INAR HOME CARE SERVICE CORP.

Current Principal Place of Business:

935 A SW 87 AVE
MIAMI, FL 33174

New Principal Place of Business:

7901 SW 24 STREET
MIAMI, FL 33155

Current Mailing Address:

935 A SW 87 AVE
MIAMI, FL 33174

New Mailing Address:

7901 SW 24 STREET
MIAMI, FL 33155

FEI Number: 16-1745146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALAN, CARMEN M
561 SW 71 PL
MIAMI, FL 33144 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: PDT () Delete
Name: GALAN, CARMEN M
Address: 561 SW 71 PL
City-St-Zip: MIAMI, FL 33144

Title: VS () Delete
Name: GAMON, ANA B
Address: 561 SW 71 PL
City-St-Zip: MIAMI, FL 33144

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: CARMEN M GALAN

PDT

03/19/2009

Electronic Signature of Signing Officer or Director

Date