

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031817

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** TRUE TIME HOME CARE CORP.

**Current Principal Place of Business:**

2431 SW 127 CT  
MIAMI, FL 33175

**New Principal Place of Business:**

2431 SW 127 CT  
MIAMI, FL 33175 UN

**Current Mailing Address:**

2431 SW 127 CT  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 20-4452757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEYVA, NELSON  
2431 SW 127 CT  
MIAMI, FL 33175 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEYVA, NELSON  
Address: 2431 SW 127 CT  
City-St-Zip: MIAMI, FL 33175

Title: SD  
Name: FERNANDEZ, DAYSI J  
Address: 2431 SW 127 CT  
City-St-Zip: MIAMI, FL 33175

I hereby 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 all other like empowered.

SIGNATURE: NELSON LEYVA

PD

02/13/2012

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

\_\_\_\_\_ Date