

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070528

**FILED
Apr 24, 2009
Secretary of State**

Entity Name: A & R HOME HEALTH CARE, INC.

Current Principal Place of Business:

4355 WEST 16TH AVENUE
201
HIALEAH, FL 33012

New Principal Place of Business:

15420 SW 136 ST
UNIT 35
MIAMI, FL 33196

Current Mailing Address:

4355 WEST 16TH AVENUE
201
HIALEAH, FL 33012

New Mailing Address:

15420 SW 136 ST
UNIT 35
MIAMI, FL 33196

FEI Number: 20-4909467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALCON, ROBERTO JR
602 SW 102 AVE
MIAMI, FL 33174 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: P () Delete
Name: FALCON, ROBERTO
Address: 602 SW 102 AVE
City-St-Zip: MIAMI, FL 33174

Title: VP () Delete
Name: MORALES, ANTONIO
Address: 3770 NE 171 ST APT 604
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: ROBERTO FALCON

P

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date