

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077030

FILED
Mar 23, 2009
Secretary of State

Entity Name: ILIANA NURSE SERVICE INC.

Current Principal Place of Business:

6315 GAGE PLACE
303
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

6315 GAGE PLACE
303
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 20-5000351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, ILEANA
6315 GAGE PLACE
303
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

CABRERA, ILEANA M
6315 GAGE PLACE
303
HIALEAH, FL 33014 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: ILEANA M CABRERA 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABRERA, ILEANA
Address: 6315 GAGE PLACE #303
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABRERA, ILEANA M
Address: 6315 GAGE PLACE #303
City-St-Zip: HIALEAH, FL 33014

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: ILEANA M CABRERA P 03/23/2009
Electronic Signature of Signing Officer or Director Date