

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077603

FILED
May 10, 2007
Secretary of State

Entity Name: AMALTHEA HOME HEALTH AGENCY, CORP.

Current Principal Place of Business:

1841 NW 123 AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

2100 W 76 ST #312
HIALEAH, FL 33016

Current Mailing Address:

1841 NW 123 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

2100 W 76 ST #312
HIALEAH, FL 33016

FEI Number: 20-5033036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, MARIA C
1841 NW 123 AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

SUAREZ, MARIA C
2100 W 76 ST #312
HIALEAH, FL 33016 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: MARIA C SUAREZ

05/10/2007

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: P () Delete
Name: SUAREZ, MARIA C
Address: 1841 NW 123 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUAREZ, MARIA C
Address: 2100 W 76 ST #312
City-St-Zip: HIALEAH, FL 33016

Title: VP () Change (X) Addition
Name: ALONSO, OSMIL
Address: 2100 W 76 ST #312
City-St-Zip: HIALEAH, FL 33016

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: MARIA C SUAREZ

P

05/10/2007

Electronic Signature of Signing Officer or Director

Date