

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086493

FILED  
Jan 30, 2008  
Secretary of State

Entity Name: SAN LAZARO HOME HEALTH INC

## Current Principal Place of Business:

2742 SW 8TH ST., #8  
MIAMI, FL 33135

## New Principal Place of Business:

2742 SW 8TH ST  
SUITE # 8  
MIAMI, FL 33135

## Current Mailing Address:

2742 SW 8TH ST., #8  
MIAMI, FL 33135

## New Mailing Address:

2742 SW 8TH ST  
SUITE # 8  
MIAMI, FL 33135

FEI Number: 87-0775250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASELLS, SILVIA  
2742 SW 8TH ST., #8  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

CASELLS, SILVIA  
2742 SW 8TH ST  
SUITE # 8  
MIAMI, FL 33135 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: SILVIA CASELLS

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASELLS, SILVIA  
Address: 2742 SW 8TH ST., #8  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASELLS, SILVIA  
Address: 2742 SW 8TH ST SUITE # 8  
City-St-Zip: MIAMI, FL 33135

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: SILVIA CASELLS

P/D

01/30/2008

Electronic Signature of Signing Officer or Director

Date