

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000116733

1. Entity Name
ALLIED HOME HEALTH CARE CORP.



FILED

07 APR 26 AM 9:10

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7221 CORAL WAY SUITE 209
MIAMI, FL 33155

Mailing Address
7221 CORAL WAY SUITE 209
MIAMI, FL 33155



2. Principal Place of Business - No P.O. Box #
7175 SW 83rd #209

3. Mailing Address
7175 SW 83rd

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.
209

City & State
Miami

City & State
Miami

04252007 Chg-P CR2E034 (12/06)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33144

Country
USA

Zip
33144

Country
USA

6. Name and Address of Current Registered Agent

CABANAS, MISAEAL
7221 CORAL WAY SUITE 209
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name
Misael Poburno

Street Address (P.O. Box Number is Not Acceptable)

7175 SW 83rd #209

City
Miami

FL

Zip Code
33144

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CABANAS, MISAEAL
7221 CORAL WAY SUITE 209
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DON / Administrator ☐ Change ☒ Addition
Diana Saunders
7175 SW 83rd #209 Mia. FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Alt. Administrator / Treasurer ☐ Change ☒ Addition
Edith B. Kavado
7175 SW 83rd #209, Mia. FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300101348203
05/03/07--01011--026 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #