

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119538

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: MI FAMILIA HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

7570 NW 14TH STREET SUITE 110  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7570 NW 14TH STREET SUITE 110  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 77-0665127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRUZ, IRENE E  
6475 SW 34TH STREET  
MIAMI, FL 33155 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: PSTD ( ) Delete  
Name: CRUZ, IRENE E  
Address: 6475 SW 34TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: CRUZ, OSMANY  
Address: 6475 SW 34TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: CRUZ, IVAN  
Address: 11320 SW 56TH STREET  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IRENE E. CRUZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/12/2009

\_\_\_\_\_  
Date