

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149962

Entity Name: S&S NURSING HOME CARE INC

FILED  
Jan 21, 2008  
Secretary of State

## Current Principal Place of Business:

2300 SW 97TH AVENUE  
SUITE A-104  
MIAMI, FL 33165

## New Principal Place of Business:

13469 SW 26 TERRACE  
MIAMI, FL 33175

## Current Mailing Address:

2300 SW 97TH AVENUE  
SUITE A-104  
MIAMI, FL 33165

## New Mailing Address:

13469 SW 26 TERRACE  
MIAMI, FL 33175

FEI Number: 20-8026910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERO, SONIA  
2300 SW 97 AVE APT A-104  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

RIVERO, SONIA  
13469 SW 26 TERRACE  
MIAMI, FL 33175 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: SONIA RIVERO

01/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RIVERO, SANDRA  
Address: 2300 SW 97TH AVENUE SUITE A-104  
City-St-Zip: MIAMI, FL 33165

Title: DV ( ) Delete  
Name: RIVERO, SONIA  
Address: 2300 SW 97TH AVENUE SUITE A-104  
City-St-Zip: MIAMI, FL 33165

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RIVERO, SANDRA  
Address: 13469 SW 26 TERRACE  
City-St-Zip: MIAMI, FL 33175

Title: DR (X) Change ( ) Addition  
Name: RIVERO, SONIA  
Address: 13469 SW 26 TERRACE  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Change (X) Addition  
Name: RIVERO, SULMA  
Address: 13469 SW 26 TERRACE  
City-St-Zip: MIAMI, FL 33175

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: SONIA RIVERO

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date