

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000009522

Entity Name: ELIA'S HOME CARE INC

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6415 S.W. 6TH ST.  
MIAMI, FL 33144

**New Principal Place of Business:**

5600 S.W. 7TH STREET  
MIAMI, FL 33134

**Current Mailing Address:**

6415 S.W. 6TH ST.  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 20-8258949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORA, ARIEL  
5600 S.W. 7TH STREET  
MIAMI, FL 33134 US

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

MORA, ARIEL  
6415 S.W. 6TH STREET  
MIAMI, FL 33144 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:

Electronic Signature of Registered Agent

01/19/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MORA, ARIEL  
Address: 6415 S.W. 6TH STREET  
City-St-Zip: MIAMI, FL 33144

I hereby 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 all other like empowered.

SIGNATURE: ARIEL MORA

PD

01/19/2011

Electronic Signature of Signing Officer or Director

Date