2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056127

Entity Name: FLEITAS NURSING SERVICE, CORP

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

600 NW 6 ST. 6900 BAY DRIVE 8 H

APT # 1212

MIAMI, FL 33136 MIAMI BEACH, FL 33141

New Mailing Address: Current Mailing Address:

600 NW 6 ST. 6900 BAY DRIVE APT # 1212

MIAMI, FL 33136 MIAMI BEACH, FL 33141

FEI Number: 11-3812092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FLEITAS LEYVA, JORGE L FLEITAS LEYVA, JORGE L

600 NW 6 ST 6900 BAY DRIVE

APT # 1212

MIAMI, FL 33136 US MIAMI BEACH, FL 33141 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: 04/21/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FLEITAS LEYVA, JORGE L FLEITAS LEYVA, JORGE L Name: Name:

6900 BAY DRIVE 8 H 600 NW 6 ST. APT # 1212 Address: Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI BEACH, FL 33141

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.

Ρ SIGNATURE: JORGE L FLEITAS LEYVA 04/21/2008