

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058719

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** BETTER LIFE HOME HEALTH INC

**Current Principal Place of Business:**

10300 SW 72 ST, STE 155  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SW 72 ST, STE 155  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 26-0228489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUSE, LAZARO  
2128 W FLAGLER ST SUITE 107  
MIAMI, FL 33135 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MUSE, LAZARO  
Address: 2128 W FLAGLER ST SUITE 107  
City-St-Zip: MIAMI, FL 33135

Title: V  
Name: CISNEROS, SELGRYS  
Address: 2128 W FLAGLER ST SUITE 107  
City-St-Zip: MIAMI, FL 33135

Title: V  
Name: CISNEROS, MARIO  
Address: 2128 W FLAGLER ST SUITE 107  
City-St-Zip: MIAMI, FL 33135

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: LAZARO MUSE

P

02/02/2011

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

\_\_\_\_\_ Date