

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000073773

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** ANCON SENIOR CARE CORP.

**Current Principal Place of Business:**

736 E 10TH STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

736 E 10TH STREET  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 26-0430952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, OMAR  
736 E 10TH STREET  
HIALEAH, FL 33010 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:** PD  
**Name:** RIVERA, OMAR  
**Address:** 736 E 10TH STREET  
**City-St-Zip:** HIALEAH, FL 33010

**Title:** VD  
**Name:** LORENTE, NICOLAS  
**Address:** 736 E 10TH STREET  
**City-St-Zip:** HIALEAH, FL 33010

**Title:** VP  
**Name:** DEL PRADO, LUIS  
**Address:** 15314 SW 72 STREET, BLDG. 20, UNIT 12  
**City-St-Zip:** MIAMI, FL 33193

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:** NICOLAS LORENTE

VP

03/29/2010

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

\_\_\_\_\_  
Date