

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075240

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: SOUTH MIAMI SENIOR CARE INC

**Current Principal Place of Business:**

5247 SW 153 AVE  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

5247 SW 153 AVE  
MIAMI, FL 33185

**New Mailing Address:**

FEI Number: 26-0460363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERO, MARIA AURORA  
5247 SW 153 AVE  
MIAMI, FL 33185 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: PVP  
Name: RIVERO, MARIA AURORA  
Address: 5247 SW 153 AVE  
City-St-Zip: MIAMI, FL 33185

Title: S  
Name: RIVERO, ARSENIO F  
Address: 5247 SW 153 AVE  
City-St-Zip: MIAMI, FL 33185

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: AURORA RIVERO

PDS

04/30/2010

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

\_\_\_\_\_  
Date