

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080309

FILED
Mar 20, 2009
Secretary of State

Entity Name: ESPERANZA NURSING SERVICES, INC.

Current Principal Place of Business:

7450 MIAMI LAKES DRIVE
C-207
MIAMI LAKES, FL 33014

New Principal Place of Business:

9015 NW 164TH STREET
HIALEAH, FL 33018 US

Current Mailing Address:

7450 MIAMI LAKES DRIVE
C-207
MIAMI LAKES, FL 33014

New Mailing Address:

9015 NW 164TH STREET
HIALEAH, FL 33018 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ESPERANZA
7450 MIAMI LAKES DRIVE
C-207
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

RAMIREZ, ESPERANZA
9015 NW 164TH STREET
HIALEAH, FL 33018 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: ESPERANZA RAMIREZ

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMIREZ, ESPERANZA
Address: 7450 MIAMI LAKES DRIVE C-207
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMIREZ, ESPERANZA
Address: 9015 NW 164TH STREET
City-St-Zip: HIALEAH, FL 33018 US

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.

SIGNATURE: ESPERANZA RAMIREZ

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date