

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096551

FILED
Aug 26, 2009
Secretary of State

Entity Name: STARLITE HOME HEALTH AGENCY, INC

Current Principal Place of Business:

1450 NORTH KROME AVE
SUITE 101B
FLORIDA CITY, FL 33034

New Principal Place of Business:

New Mailing Address:

1450 NORTH KROME AVE
SUITE 101B
FLORIDA CITY, FL 33034

Current Mailing Address:

7040 SW 24 ST #409
MIAMI, FL 33155

FEI Number: 11-3820930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONTEAGUDO, ELIZABETH B
7040 SW 24 ST #409
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

MONTEAGUDO, ELIZABETH B
1450 N. KROME AVENUE
101-B
FLORIDA CITY, FL 33034 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: ELIZABETH B MONTEAGUDO

08/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MONTEAGUDO, ELIZABETH B
Address: 7040 SW 24 ST #409
City-St-Zip: MIAMI, FL 33155

Title: DVP () Delete
Name: VALDEZ, CARMEN L
Address: 7040 SW 24 ST #409
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MONTEAGUDO, ELIZABETH B
Address: 1450 N. KROME AVENUE, SUITE 101-B
City-St-Zip: FLORIDA CITY, FL 33034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELIZABETH B MONTEAGUDO

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08/26/2009

Electronic Signature of Signing Officer or Director

Date