

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096551

**FILED**  
**May 31, 2010**  
**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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
1450 N. KROME AVENUE  
101-B  
FLORIDA CITY, FL 33034 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:** DP  
**Name:** MONTEAGUDO, ELIZABETH B  
**Address:** 1450 N. KROME AVENUE, SUITE 101-B  
**City-St-Zip:** FLORIDA CITY, FL 33034

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

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: ELIZABETH B. MONTEAGUDO

CEO

05/31/2010

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

\_\_\_\_\_ Date