2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State
05-19-2008 90032 041 ***150.00

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1. Entity Name
ASUNCION HOME HEALTH CARE CORP.

Principal Place of Business	Mailing Address
14742 SW 34 LANE MIAMI, FL 33185	14742 SW 34 LANE MIAMI, FL 33185

40103010

04072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12460 SW 85 ST.	
Suite, Apt. #, etc. 206	Suite, Apt. #, etc
City & State MIAMI FLORIDA	City & State
Zip 33184 Country USA	Zip Country

4. FEI Number
26-0827771

5. Certificate of Status Desired ☐ **$8.75** Add. Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAULINO, IRAIDA 14742 SW 34 LANE MIAMI, FL 33185	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with the obligations of registered agent.

SIGNATURE _____ Date
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	☐ Delete	TITLE	☐ Add
NAME	PAULINO, IRAIDA		NAME	
STREET ADDRESS	14742 SW 34 LANE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Add
NAME	CHICURI, JORGE A		NAME	
STREET ADDRESS	14742 SW 34 LANE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐
NAME	CHICURI, DIANA		NAME	
STREET ADDRESS	14742 SW 34 LANE		STREET ADDRESS	☐
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 1 or Block 2 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PAULINA IRAIDA PRESIDENT 4-7-08 305-223-7365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #