

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108524

FILED
Jan 27, 2009
Secretary of State

Entity Name: 1ST CLASS NURSING CORP.

Current Principal Place of Business:

13250 SW 58 TERRACE
UNIT # 6
MIAMI, FL 33183

New Principal Place of Business:

13035 SW 218 TERRACE
MIAMI, FL 33170

Current Mailing Address:

13250 SW 58 TERRACE
UNIT # 6
MIAMI, FL 33183

New Mailing Address:

13035 SW 218 TERRACE
MIAMI, FL 33170

FEI Number: 26-1191812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, BARBARA C
13250 SW 58 TERRACE
UNIT # 6
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

ALFONSO, BARBARA C
13035 SW 218 TERRACE
MIAMI, FL 33170 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: BARBARA ALFONSO

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALFONSO, BARBARA C
Address: 13250 SW 58 TERRACE UNIT # 6
City-St-Zip: MIAMI, FL 33183

Title: V () Delete
Name: GONZALEZ, JORGE O
Address: 13250 SW 58 TERRACE UNIT # 6
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALFONSO, BARBARA C
Address: 13035 SW 218 TERRACE
City-St-Zip: MIAMI, FL 33170

Title: V (X) Change () Addition
Name: GONZALEZ, JORGE O
Address: 13035 SW 218 TERRACE
City-St-Zip: MIAMI, FL 33170

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: BARBARA ALFONSO

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date