

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110304

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PUENTES DE HADAS HOME HEALTH CARE, INC.

## Current Principal Place of Business:

1800 WEST 49TH STREET  
SUITE 324-S  
HIALEAH, FL 33012

## New Principal Place of Business:

7572 W 29 WAY  
HIALEAH, FL 33018

## Current Mailing Address:

1800 WEST 49TH STREET  
SUITE 324-S  
HIALEAH, FL 33012

## New Mailing Address:

7572 W 29 WAY  
HIALEAH, FL 33018

FEI Number: 26-1216777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUENTES, ADA IRIS  
1800 WEST 49TH STREET  
SUITE 324-S  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

PUENTES, ADA IRIS  
7572 W 29 WAY  
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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PUENTES, ADA IRIS  
Address: 1800 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete  
Name: OJEDA, JUAN M  
Address: 1800 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PUENTES, ADA IRIS  
Address: 7572 W 29 WAY  
City-St-Zip: HIALEAH, FL 33018

Title: V (X) Change ( ) Addition  
Name: OJEDA, JUAN M  
Address: 7572 W 29 WAY  
City-St-Zip: HIALEAH, FL 33018

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: ADA IRIS PUENTES

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date