

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002687

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** NOTICIAS DEL SOCIAL SECURITY Y MEDICARE, INC.

**Current Principal Place of Business:**

1635 SW 27TH AVE.  
MIAMI, FL 33145

**New Principal Place of Business:**

133 ARAGON AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1635 SW 27TH AVE.  
MIAMI, FL 33145

**New Mailing Address:**

133 ARAGON AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 26-1759321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGUIDO, MARCELO M  
1635 SW 27TH AVE.  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

AGUIDO, MARCELO M  
133 ARAGON AVENUE  
CORAL GABLES, FL 33134 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:

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AGUDO, NORA D  
Address: 133 ARAGON AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VSTD  
Name: AGUDO, NORA D  
Address: 133 ARAGON AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: NORA AGUDO

PD

04/29/2011

Electronic Signature of Signing Officer or Director

Date