2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028446

Entity Name: ABRANTE HEALTH ASSISTANCE CORP

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8713 NW 110 LANE 8713 NW 110 LANE

HIALEAH GARDENS, 33010 HIALEAH GARDENS, FL 33010

Current Mailing Address: New Mailing Address:

4844 SW 152 COURT 4600 SW 154 AVE G MIAML FL 33185

G MIAMI, FL 33185 MIAMI, FL 33185

FEI Number: 03-0565995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GONZALEZ, MARIA A
4844 SW 152 COURT

G
MIAMI, FL 33185 US

GONZALEZ, MARIA A
4600 SW 154 AVE
MIAMI, FL 33185 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: MARIA A GONZALEZ 03/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: ABRANTE, HECTOR Name:

 Name:
 ABRANTE, HECTOR
 Name:

 Address:
 8713 NW 110 LANE
 Address:

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:

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: HECTOR ABRANTE P 03/11/2009