

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000037078

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN HELP HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

9600 SW 8TH ST., STE. 43B  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

9600 SW 8TH ST., STE. 43B  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 26-2396535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANCHEZ, GILBERTO  
660 NW 128 CT.  
MIAMI, FL 33182 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SANCHEZ, GILBERTO  
Address: 660 NW 128 CT  
City-St-Zip: MIAMI, FL 33182

Title: VP  
Name: HERNANDEZ, MARIA C.  
Address: 12341 SW 41 ST  
City-St-Zip: MIAMI, FL 33175

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:** GILBERTO SANCHEZ

P

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date