2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037090

Entity Name: M & E NURSING SERVICES, INC.

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2390 SW 27 AVE, SUITE 7 2425 SW 27 AVE APT 1004 MIAMI, FL 33145

MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

2390 SW 27 AVE, SUITE 7 2425 SW 27 AVE APT 1004

MIAMI, FL 33145 MIAMI, FL 33145

FEI Number: 26-2467431 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:

ALEJO, MARIA ELENA ALEJO, MARIA ELENA 2390 SW 27 AVE, SUITE 7 2425 SW 27 AVE APT 1004 MIAMI, FL 33145 MIAMI, FL 33145

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 ELENA ALEJO 04/10/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Title:

ALEJO, MARIA ELENA ALEJO, MARIA ELENA Name: Name: 2390 SW 27 AVE, SUITE 7 Address: 2425 SW 27 AVE APT 1004 Address:

City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33145

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: MARIA ELENA ALEJO **PRES** 04/10/2009