

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044981

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: AMERICAN WAY HOME CARE SERVICES CORP

**Current Principal Place of Business:**

7824 NW 165 ST  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7951 NW 156 TERR  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 26-4456258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOCARRAS, ABELARDO  
7951 NW 156 TERR  
MIAMI LAKES, FL 33016 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 ( ) Delete  
Name: SOCARRAS, ABELARDO  
Address: 7951 NW 156 TERR  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ABELARDO SOCARRAS

PRES

04/29/2009

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

\_\_\_\_\_  
Date