

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000068773

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ALOHA HOME HEALTH SERVICES INC

**Current Principal Place of Business:**

1711 W 38TH PLACE SUITE 1205  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1711 W 38TH PLACE SUITE 1205  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 30-0495860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTELLANOS, REINALDO ATTORNE  
9960 BIRD ROAD  
MIAMI, FL 33165 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

**OFFICERS AND DIRECTORS:**

Title: PRE  
Name: DE LA CRUZ, DIANA M  
Address: 15532 SW 36 TERR  
City-St-Zip: MIAMI, FL 33185

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: DIANA DE LA CRUZ

ADMN

01/06/2011

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

\_\_\_\_\_  
Date