

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082746

FILED
Jul 10, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA HOME CARE, INC.

Current Principal Place of Business:

4546 W JEAN ST
TAMPA, FL 33614

New Principal Place of Business:

16537 SW 81 TERRACE
MIAMI, FL 33193

Current Mailing Address:

4546 W JEAN ST
TAMPA, FL 33614

New Mailing Address:

16537 SW 81 TERRACE
MIAMI, FL 33193

FEI Number: 26-3333202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, IHOSVANY
4546 W JEAN ST
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

ALVAREZ, IHOSVANY
16537 SW 81 TERRACE
MIAMI, FL 33193 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: IHOSVANY ALVAREZ

07/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, IHOSVANY
Address: 4546 W JEAN ST
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: RODRIGUEZ, LUIS
Address: 4546 W JEAN ST
City-St-Zip: TAMPA, FL 33614

Title: S (X) Delete
Name: PEREZ, DAINERYS
Address: 4546 W JEAN ST
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: NODARSE, NORYS
Address: 4546 W JEAN ST
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, IHOSVANY
Address: 16537 SW 81 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: VP (X) Change () Addition
Name: GONZALEZ NODARSE, YOANA
Address: 16537 SW 81 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: NODARSE, NORYS
Address: 16537 SW 81 TERRACE
City-St-Zip: MIAMI, FL 33193

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: IHOSVANY ALVAREZ

PD

07/10/2009

Electronic Signature of Signing Officer or Director

Date