

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000036754

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** ALBORADA HOME HEALTH SERVICES , CORP.

**Current Principal Place of Business:**

7105 SW 8 STREET  
208  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

7105 SW 8 STREET  
208  
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:** 26-4746010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, IVONNE  
9703 SW 37 TERRACE  
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: P  
Name: MARTINEZ, IVONNE  
Address: 9703 SW 37 TERRACE  
City-St-Zip: MIAMI, FL 33165 US

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: IVONNE MARTINEZ

P

02/22/2012

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

\_\_\_\_\_  
Date