2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2012
Secretary of State

DOCUMENT# P10000103736

Entity Name: MULTICULTURAL ALLIANCE HEALTH CARE SOLUTIONS INC.

Current Principal Place of Business:

2700 CYPRESS CREEK ROAD
EXECUTIVE COURT D104
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2700 W. CYPRESS CREEK ROAD
EXECUTIVE COURT D104
FORT LAUDERDALE, FL 33309 UN

Current Mailing Address:

2700 CYPRESS CREEK ROAD
EXECUTIVE COURT D104
FORT LAUDERDALE, FL 33309

New Mailing Address:

2700 W. CYPRESS CREEK ROAD
EXECUTIVE COURT D104
FORT LAUDERDALE, FL 33309 UN

FEI Number: 27-3401361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESTRADA, GUSTAVO
3712 CYPRESS FERN WAY
CORAL SPRINGS, FL 33065 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: PD
Name: ESTRADA, GUSTAVO
Address: 88 ROLLING VIEWS DR
City-St-Zip: WOODLAND PARK, NJ 07424

Title: P
Name: ESTRADA, GUSTAVO
Address: 88 ROLLING VIEWS DRIVE
City-St-Zip: WOODLAND PARK, NJ 07424 UN

Title: D
Name: DANIEL, GENEVIEVE
Address: 2457 CENTERGATE DRIVE BUILDING 10 APT. 106
City-St-Zip: MIRAMAR, FL 33025 UN

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: GUSTAVO ESTRADA P 05/30/2012

Electronic Signature of Signing Officer or Director Date