

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000023268

1. Entity Name
YEMA HOME HEALTH CARE, INC.



FILED

04 MAR -4 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
780 NW 42 AVENUE #322
MIAMI, FL 33126-5549 US

Mailing Address
780 NW 42 AVENUE #322
HIALEAH, FL 33126 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0400515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCARPIO, MARIA C
780 NW 42 AVENUE #322
MIAMI, FL 33126-5549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revalidating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~MD~~
NAME ESCARPIO, MARIA C ☐ Delete
STREET ADDRESS 780 NW 42 AVENUE #322
CITY-ST-ZIP MIAMI, FL 33126

TITLE P/V/S/T/D
NAME Maria C. Escarpio ☒ Change ☐ Addition
STREET ADDRESS 780 NW 42 ave. #322
CITY-ST-ZIP Miami, FL 33126

TITLE PSTD
NAME ESCARPIO, ANEIDA ☒ Delete
STREET ADDRESS 780 NW 42 AVENUE #322
CITY-ST-ZIP MIAMI, FL 331265549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PSTD
NAME ESCARPIO, ONEIDA ☒ Delete
STREET ADDRESS 780 NW 42 AVE #322
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #