


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90140 039 ***150.00

DOCUMENT # P93000046136

1. Entity Name
DIRECT NURSING ASSISTANCE, INC.



Principal Place of Business
**4229 WEST 16TH AVE., STE 202
HIALEAH, FL 33012 US**

Mailing Address
**4229 WEST 16TH AVE., STE 202
13935 NW 1ST AVE
HIALEAH, FL 33012 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**4229 W 16TH Ave.
202
Hialeah, Fl.
33012 US**



02242005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0420765

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**AENLLE, RODOLFO
4229 W 16TH AVENUE, #202
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	PD AENLLE, RODOLFO 4229 W 16TH AVE., #202 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **x** *Rodolfo Aenlle* **03/08/05** **(305) 823-4922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #