

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019931

FILED
Jan 08, 2009
Secretary of State

Entity Name: WESTLAND HOME CARE SERVICES, INC.

Current Principal Place of Business:

8700 W FLAGLER ST
315
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

8700 W FLAGLER ST
315
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 65-0474472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, PEDRO
8700 W FLAGLER ST
315
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

GONZALEZ, ARTHUR J
8700 W FLAGLER ST
315
MIAMI, FL 33174 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: ARTHUR JASON GONZALEZ

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, ARTHUR J
Address: 8700 W FLAGLER ST #315
City-St-Zip: MIAMI, FL 33174

Title: VP () Delete
Name: PEREZ, PEDRO
Address: 3120 SW 106 AVENUE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ARTHUR JASON GONZALEZ

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date