FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 29, 2002 8:00 am Secretary of State

| DOCUN 1. Entity Name | Alegre's | 94°00 Home | Health Can | 77 | 5 L | | | tary 0: 002 90689 033 | | | |
|--|------------------------------|--|--|--------------|---|--|--|--------------------------|----------------------|------------------------|--|
| ٠. ٢ | O NOT | WRITE | IN THIS SI | PAC | E | | | | | | |
| 2. Principal Place of Business 1670 W 39 PL # 1309 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. # | | . # 150 1 | Suite, Apt. #, etc. | | | - | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | City & State Haleah | | | | 4. FEI Number Applied For S - 0 486940 Not Applicable | | | | | | |
| Zip 33016 | Countr | s SA | Zip 33012 | Cour | ntry IS A | 5. | Certificate of Status Desired | | 3.75 Ad e Require | | |
| | | | | | Name | | Name and Address of Curre | nt Registered A | zent | | |
| DO NOT WRITE | | | | | | Teres i tor Albelo Street Address (P.O., Box Number is Not Acceptable) | | | | | |
| IN THIS SPACE | | | | | 1670 | ω | 39 PL # | 1309 | Zin Cou | 70 | |
| | | | | | City Hia | bat | | FL | Zip Coc | 3012 | |
| SIGNATURE _ | gnature, typed or printed na | - Q4 | title if applicable. (NOTE | : Registere | id Agent signature rec | quired when | gent, or both, in the State of | 5 - 13 - C | <u>د</u> | | |
| Tax filing requirement and elects to do so. (See criteria on back) After May 1 Amended Make Check Payabi | | | | | is \$61.25 | | 10. Election Campaign Trust Fund Contribu | • — | | 00 May Be d to Fees | |
| TITLE | ···· | OFFICERS AND D | RECTORS | TITL | Ē | | | | ····· | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | | | | TITL | · 1 | • | angki ki i i i anganaka ang karasa | <u> </u> | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | STRE | ET ADDRESS -ST-ZIP | | e . | • | | | |
| TITLE NAME | | | | TITL | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STRE | ET ADDRESS -ST-ZIP | | DO NOT | WRIT | E | | |
| TITLE NAME | | | | T#TLI NAM | | | IN THIS | SPACI | E | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STRE | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | | | | TITL | | | | * | | | |
| NAME STREET ADDRESS | | | | NAM STRE | E ET ADDRESS | | • | | | | |
| CITY-ST-ZIP | | | | _ | - ST - ZIP | · | | , | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 1 | | | | | | |
| indicated or of the corpo | n this report or supp! | emental report is tr er or trustee empo | ue and accurate and that me vered to execute this repor | ny signat | ture shall have t | the same | n 119.07(3)(i), Florida Statute e legal effect as if made unde orida Statutes; and that my | r oath; that I am a | an officer | or director | |

AHach ment FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1. Entity Name DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1670 W 39 PL H 1309 # 1309 1670 W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State ronda Halial Horida 65-0486940 Haleal Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 33012 Fee Required 32012 7. Name and Address of Current Registered Agent leresita Albelo DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE # 1309 39 Zip Code 33012 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) President TITLE TITLE Teresita Albelo NAME NAME STREET ADDRESS STREET ADDRESS 1670 W 39 PL # 1309 CITY-ST-ZIP CITY-ST-ZIP <u> Halah Fl 33012</u> TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-02 (305)822-37