

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025715

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** ALEGRE'S HOME HEALTH CARE INC.

**Current Principal Place of Business:**

6187 NW 167 ST.  
UNIT #H-34  
HIALEAH, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

6187 NW 167 ST.  
UNIT #H-34  
HIALEAH, FL 33015 US

**New Mailing Address:**

**FEI Number:** 65-0486940      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBELO, TERESITA  
6187 NW 167 ST., UNIT #H-34  
HIALEAH, FL 33015 US

**Name and Address of New Registered Agent:**

ALBELO, TERESITA  
7671 NW 178 TERRACE  
MIAMI, FL 33015 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: TERESITA ALBELO

03/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WONG, ROGELIO JR  
Address: 1727 WEST 79 STREET  
City-St-Zip: HIALEAH, FL 33014

Title: VP  
Name: ALBELO, TERESITA  
Address: 7671 NW 178 TERRACE  
City-St-Zip: MIAMI, FL 33015

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: TERESITA ALBELO

VP

03/09/2012

Electronic Signature of Signing Officer or Director

Date