

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P96000049423

1. Entity Name
BLANCO HOME HEALTH CARE CORPORATION



Principal Place of Business
604 -606 NW 25TH AVENUE
MIAMI, FL 33125

Mailing Address
604 -606 NW 25TH AVENUE
MIAMI, FL 33125



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0676704

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, JENNY
604-606 NW 25TH AVENUE
MIAMI, FL 33125

**DO NOT WRITE
IN THIS SPACE**

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 Jenny Pichardo Administrator

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

(NOTE: Registered Agent signature required when reinstating)

04/27/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000744590
05/15/07-80154-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PICHARDO, JENNY
STREET ADDRESS 604-606 NW 25TH AVENUE
CITY-ST-ZIP MIAMI, FL 33125

TITLE VSD
NAME PICHARDO, ARNEL
STREET ADDRESS 604-606 NW 25TH AVENUE
CITY-ST-ZIP MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07 (305) 649-9299
Date Daytime Phone #