

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # S09634

1. Entity Name
EMAL HOME HEALTH CARE, CORP.



Principal Place of Business
**9065 EMERSON AVENUE
SURFSIDE, FL 33154**

Mailing Address
**9065 EMERSON AVENUE
SURFSIDE, FL 33154**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0225539

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANZANARES, CARIDAD E
9065 EMERSON AVENUE
SURFSIDE, FL 33154**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANZANARES, CARIDAD E
STREET ADDRESS	9065 EMERSON AVENUE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	VP
NAME	BRINGAS, ELENA
STREET ADDRESS	9065 EMERSON AVENUE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000605839
01/30/07-80055-009 150.00

U000000605839
01/30/07-80055-010 8.75

**DO NOT WRITE
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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #