

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90180 001 ***150.00
03-07-2008 90180 002 *****8.75

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

66002892



DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

03/05/08 002-016 150.00

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

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/08