

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09634

FILED
Feb 02, 2009
Secretary of State

Entity Name: EMAL HOME HEALTH CARE, CORP.

Current Principal Place of Business:

9065 EMERSON AVENUE
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9065 EMERSON AVENUE
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 65-0225539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANZANARES, CARIDAD E
Address: 9065 EMERSON AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: VP () Delete
Name: BRINGAS, ELENA
Address: 9065 EMERSON AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARIDAD E. MANZANARES

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date