

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88288

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: LAS MERCEDES HOME CARE, CORP.

## Current Principal Place of Business:

2103 SW CORAL WAY  
#404  
MIAMI, FL 33145 US

## New Principal Place of Business:

2103 SW CORAL WAY  
#107  
MIAMI, FL 33145 US

## Current Mailing Address:

2103 SW CORAL WAY  
#404  
MIAMI, FL 33145 US

## New Mailing Address:

2103 SW CORAL WAY  
#107  
MIAMI, FL 33145 US

FEI Number: 65-0293211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIDALGO, NIDIA  
2103 CORAL WAY  
#404  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

FIDALGO, NIDIA E  
2103 CORAL WAY  
#107  
MIAMI, FL 33145 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: NIDIA E. FIDALGO

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: FIDALGO, JOSE M  
Address: 7441 WAYNE AVE. APT. 12A  
City-St-Zip: MIAMI BEACH, FL 33141

Title: PTSD ( ) Delete  
Name: FIDALGO, NIDIA  
Address: 7441 WAYNE AVE APT 12A  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTSD (X) Change ( ) Addition  
Name: FIDALGO, NIDIA E  
Address: 7441 WAYNE AVE APT 12A  
City-St-Zip: MIAMI BEACH, FL 33141

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: NIDIA E. FIDALGO

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04/22/2009

Electronic Signature of Signing Officer or Director

Date