


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
AMENDED REPORT
03 MAY 29 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S88288

1. Entity Name
LAS MERCEDES HOME CARE, CORP.



Principal Place of Business 800 71ST STREET MIAMI BEACH, FL 33141 US	Mailing Address 800 71ST STREET MIAMI BEACH, FL 33141 US
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200020540372
06/05/03--01016--020 **70.00



2. Principal Place of Business 2103 SW CORAL WAY Suite, Apt. #, etc. # 404 MIAMI, FLORIDA Zip 33145 Country US	3. Mailing Address 2103 SW CORAL WAY Suite, Apt. #, etc. # 404 MIAMI, FLORIDA Zip 33145 Country US
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4. FEI Number **65-0293211** Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TRULLENQUE, ANTHONY L ESQ.
7098 BONITA DRIVE
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name **NIDIA FIDALGO**
Street Address (P.O. Box Number Is Not Acceptable) **2103 SW CORAL WAY
404**
City **MIAMI** FL Zip Code **33145**

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]* (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VP	
NAME	FIDALGO, JOSE M	<input type="checkbox"/>
STREET ADDRESS	7441 WAYNE AVE APT 6R	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	PTSD	<input type="checkbox"/>
NAME	FIDALGO, NIDIA	<input type="checkbox"/>
STREET ADDRESS	7441 WAYNE AVE APT 6R	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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]* **PRESIDENT** (305) 867-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

9/5/30