

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000083688

**Entity Name:** SOLUTIONS HOME CARE SERVICES II, INC

**Current Principal Place of Business:**

16910 SW 119 AVE  
MIAMI, FL 33177

**Current Mailing Address:**

16910 SW 119 AVE  
MIAMI, FL 33177

**FEI Number:** 46-1314097

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEREZ, ARTURO  
16910 SW 119 AVE  
MIAMI, FL 33177 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PD	Title	VPD
Name	PEREZ, ARTURO	Name	AGUILERA, FRANCYS
Address	16910 SW 119 AVE	Address	16910 SW 119 AVE
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33177

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARTURO PEREZ

**PRESIDENT**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date