

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000073707

**Entity Name:** FAMILIA HOME CARE INC.

**Current Principal Place of Business:**

1310 NW 43RD AVE  
APT. 205  
LAUDERHILL, FL 33313

**Current Mailing Address:**

1310 NW 43RD AVE  
APT. 205  
LAUDERHILL, FL 33313 UN

**FEI Number:** 47-1824227

**Certificate of Status Desired:** No

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

SOLOMON RAMNANAN, ANNE  
1310 NW 43RD AVE  
APT. 205  
LAUDERHILL, FL 33313 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            P  
Name            SOLOMON RAMNANAN, ANNE  
Address        1310 NW 43RD AVE APT. 205  
City-State-Zip: LAUDERHILL FL 33313

Title            VP  
Name            VALDEZ, LANDIA  
Address        9150 NW 40TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** ANNE SOLOMON RAMNANAN

P

03/12/2015

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

\_\_\_\_\_  
Date