## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111794

Entity Name: PREMIUM HOME HEALTH CARE, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8360 SW 40TH STREET 5001 SW 74 CT UNIT B #104

MIAMI, FL 33155 MIAMI, FL 33155

Current Mailing Address: New Mailing Address:

8360 SW 40TH STREET 5001 SW 74 CT

UNIT B #104 MIAMI, FL 33155 #104 MIAMI, FL 33155

FEI Number: 65-1156196 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PENA, HEBERTO O PENA, HEBERTO O 8360 SW 40TH STREET UNIT B 5001 SW 74 CT MIAMI, FL 33155 US #104

IAMI, FL 33155 US #104 MIAMI, FL 33155 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: 04/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 PENA, HEBERTO O
 Name:
 PENA, HEBERTO O

 Address:
 8360 SW 40TH STREET UNIT B
 Address:
 5001 SW 74 CT #104

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HEBERTO PENA PD 04/11/2005

Electronic Signature of Signing Officer or Director

Date