

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153661

FILED
Jan 14, 2008
Secretary of State

Entity Name: EDU HOME HEALTH CARE SERVICES, INC

Current Principal Place of Business:

400 SW 107TH AVE., STE. 306A
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

400 SW 107TH AVE., STE. 306A
MIAMI, FL 33174

New Mailing Address:

FEI Number: 20-0706517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AKLEEMA-LATIFF, BIBI
620 SW 130TH AVENUE
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AKLEEMA-LATIFF, BIBI
Address: 620 SW 130TH AVENUE
City-St-Zip: MIAMI, FL 33184

Title: CEO () Delete
Name: AKLEEMA-LATIFF, BIBI
Address: 620 SW 130TH AVENUE
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BIBI-AKLEEMA LATIFF

CEO

01/14/2008

Electronic Signature of Signing Officer or Director

Date