2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P04000066256

Entity Name: STEPHANIE HOME HEALTH CARE, INC.

Current Principal Place of Business:

1756 N, BAYSHORE DRIVE
14M
MIAMI, FL 33132

New Principal Place of Business:

1756 N, BAYSHORE DRIVE
32C
MIAMI, FL 33132

Current Mailing Address:

1756 N, BAYSHORE DRIVE
14M
MIAMI, FL 33132

New Mailing Address:

1756 N, BAYSHORE DRIVE
32C
MIAMI, FL 33132

FEI Number: 20-1065603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINCON, JOSE E
1756 N, BAYSHORE DRIVE
14M
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

RINCON, JOSE E
1756 N, BAYSHORE DRIVE
32C
MIAMI, FL 33132 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: JOSE E. RINCON 03/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: RINCON, JOSE E
Address: 1756 N, BAYSHORE DRIVE #14M
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSE E. RINCON P/D 03/27/2009
Electronic Signature of Signing Officer or Director Date