


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90244 024 \*\*\*150.00

**DOCUMENT # P04000091465**

1. Entity Name  
**PREFERRED HOME HEALTH AGENCY INC.**



Principal Place of Business  
**6555 NW 36TH ST SUITE B 303  
VIRGINIA GARDENS, FL 33166**

Mailing Address  
**6555 NW 36TH ST SUITE B 303  
VIRGINIA GARDENS, FL 33166**

20044327



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State **SAME**  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State **SAME**  
Zip Country

04202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1243280**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHIRINO, ROLANDO  
6555 NW 36TH ST SUITE B 303  
VIRGINIA GARDENS, FL 33166**

7. Name and Address of New Registered Agent  
Name **YOANNER R CARDOSO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6555 NW 36ST  
Suite B 303**  
City **VIRGINIA GARDENS** FL Zip Code **33166**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **YOANNER R CARDOSO** *[Signature]* DATE **04/19/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHIRINO, ROLANDO</b> <b>6555 NW 36TH ST SUITE B 303</b> <b>VIRGINIA GARDENS, FL 33166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>YOANNER R CARDOSO</b> <b>6555 NW 36ST Suite B 303</b> <b>VIRGINIA GARDENS FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **Rolando Chirino** *[Signature]* DATE **04/19/05** DAYTIME PHONE # **305-371 0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR