## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000077748

MIAMI, FL 33185

City-St-Zip:

Entity Name: AMERICAN HOME HEALTH CARE, CORP.

FILED Apr 09, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
2550 NW 72ND AVE - STE 215 MIAMI, FL 33122			11880 BIRD RD 402 MIAMI, FL 33175	402	
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
2550 NW 72ND AVE - STE 215 MIAMI, FL 33122			11880 BRID RD 402 MIAMI, FL 33175		
FEI Number:	: 20-2919107	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
14931 SW MIAMI, FL The above		-	purpose of changing its registered	office or registered agent, or both,	
SIGNATU					
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) CABRERA, KAT 14931 SW 30T MIAMI, FL 331	H TERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	V () GUERRA, CLO 14931 SW 30 T		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATIUSKA CABRERA P 04/09/2007