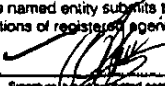
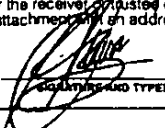


FILED
Apr 02, 2007 8:00 am
Secretary of State

03-15-2007 90025 022 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000084796			
1. Entity Name HAPPY HEART HOME HEALTH CARE, INC.			
Principal Place of Business 14505 COMMERCE WAY, SUITE #514 MIAMI LAKES, FL 33014		Mailing Address 14505 COMMERCE WAY, SUITE #514 MIAMI LAKES, FL 33014	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03092007		Chg-P CR2E034 (12/06)	
4. FEI Number 20-5094524		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELIU MAURRASSE P.A. 708 SOUTH DIXIE HWY, SUITE 110 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name: Osmani Placencia Street Address (P.O. Box Number is Not Acceptable): 16325 N.W. 11th Street City: Pembroke Pines FL Zip Code: 33028	
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:  DATE: 3/1/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DS PLACENCIA, OSMANI 16325 N.W. 11TH STREET PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.			
SIGNATURE: 		3/1/2007 305- Date Daytime Phone #	