

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133479

FILED  
Feb 20, 2010  
Secretary of State

Entity Name: HOME HEALTH CARE OF USA, CORP.

**Current Principal Place of Business:**

1100 SW 104 CT., #103  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

1100 SW 104 CT., #103  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 20-5775344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAFAELLY, MARIA T  
1100 SW 104 CT., #103  
MIAMI, FL 33174 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  
Name: RAFAELLY, MARIA T  
Address: 1100 SW 104 CT., #103  
City-St-Zip: MIAMI, FL 33174

I hereby 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 all other like empowered.

SIGNATURE: MARIA T RAFAELLY

P

02/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date