

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016500

Entity Name: G. E. HOME HEALTH CARE INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

18863 NW 89 AVENUE
HIALEAH, FL 33018

New Principal Place of Business:

18883 NW 89 AVENUE
HIALEAH, FL 33018

Current Mailing Address:

18863 NW 89 AVENUE
HIALEAH, FL 33018

New Mailing Address:

18883 NW 89 AVENUE
HIALEAH, FL 33018

FEI Number: 71-1025145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMEKEKWUE, GLADYS
18863 NW 89 AVENUE
HIALEAH, FL 33018 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: CEO () Delete
Name: EMEKEKWUE, GLADYS
Address: 18863 NW 89 AVENUE
City-St-Zip: HIALEAH, FL 33018

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EMEKEKWUE, GLADYS
Address: 18863 NW 89 AVENUE
City-St-Zip: HIALEAH, FL 33018

Title: VP () Change (X) Addition
Name: TEN, SALVADOR
Address: 18883 NW 89 AVE
City-St-Zip: MIAMI, FL 331018

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: SALVADOR TEN

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date