

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087752

FILED
Jul 13, 2008
Secretary of State

Entity Name: SEVEN HEAVEN HOME HEALTH CARE, INC.

Current Principal Place of Business:

730 SE 8TH ST., SUITE 107
HIALEAH, FL 33010

New Principal Place of Business:

8890 SW 24 ST.
SUITE 207
MIAMI DADE, FL 33165

Current Mailing Address:

730 SE 8TH ST., SUITE 107
HIALEAH, FL 33010

New Mailing Address:

8890 SW 24 ST.
SUITE 207
MIAMI DADE, FL 33165

FEI Number: 68-0655964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVAREZ, ANA
730 SE 8TH ST., SUITE 107
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

TAVAREZ, ANA
8890 SW 24 ST.
SUITE 207
HIALEAH, FL 33010 US

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:

07/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAVAREZ, ANA
Address: 730 SE 8TH ST., SUITE 107
City-St-Zip: HIALEAH, FL 33010

Title: VD () Delete
Name: SANTIAGO, WANDA IVELISSE R
Address: 730 SE 8TH ST., SUITE 107
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAVAREZ, ANA
Address: 8890 SW 24 ST. SUITE 207
City-St-Zip: MIAMIDADE, FL 33165

Title: VD (X) Change () Addition
Name: SANTIAGO, WANDA IVELISSE R
Address: 8890 SW 24 ST. SUITE 207
City-St-Zip: MIAMIDADE, FL 33165

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: ANA TAVAREZ

PD

07/13/2008

Electronic Signature of Signing Officer or Director

Date