

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000089008

FILED
Apr 29, 2008
Secretary of State

Entity Name: CARE SOLUTIONS HOME HEALTH, INC.

Current Principal Place of Business:

3701 SW 129 AVENUE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

3701 SW 129 AVENUE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 26-0672168 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAMOS, SILVIA
3701 SW 129 AVENUE
MIAMI, FL 33175 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: PD () Delete
Name: RAMOS, SILVIA
Address: 3701 SW 129 AVENUE
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: ALVAREZ, YOLANDA
Address: 19530 NW 79 PLACE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SILVIA RAMOS

PD

04/29/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date