2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000100462

Entity Name: SENIOR FIRST HOME HEALTH CARE, INC

Current Principal Place of Business:

508 N. DIXIE HWY
#5
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

508 N. DIXIE HWY
#5
LANTANA, FL 33462

New Mailing Address:

FEI Number: 04-3794700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIEN-AIME, LOSAIRE
206 N. FLAGLER AVE
POMPANO , FLORIDA, FL 33060 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 ( ) Delete
Name: ZEPHIRIN, PEDRO
Address: 9370 SW 8TH STREET #105
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete
Name: BIEN-AIME, MARC C
Address: 22030 BOCA PLACE DR. APT 613
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: BIEN-AIME, LOSAIRE
Address: 23395 CAROLWOOD LANE #4106
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BIEN-AIME, MARC C
Address: 22030 BOCA PLACE DR. APT 613
City-St-Zip: BOCA RATON, FL 33432

Title: VP (X) Change ( ) Addition
Name: BIEN-AIME, LOSAIRE
Address: 23395 CAROLWOOD LANE #4106
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOSAIRE BIEN-AIME VP 04/30/2005

Electronic Signature of Signing Officer or Director Date