

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10953

FILED
Apr 26, 2004
Secretary of State

Entity Name: COMPREHENSIVE HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

7270 NW 12TH ST
PENTHOUSE #6
MIAMI, FL 331261929

New Principal Place of Business:

Current Mailing Address:

7270 NW 12TH ST
PENTHOUSE #6
MIAMI, FL 331261929

New Mailing Address:

FEI Number: 59-2728749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, SILVIA
7235 H NW 19TH ST
MIAMI, FL 33126

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: PTD () Delete
Name: MARTY, FRANCISCO W,
Address: 7270 N.W. 12TH ST.,#PH6
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: MARTY, ROSE MARIE,
Address: 7270 N.W. 12TH ST.,#PH6
City-St-Zip: MIAMI, FL

Title: D (X) Delete
Name: MARTY, AILEEN,
Address: 14700 PETIT WAY
City-St-Zip: POTOMAC, MD

Title: D (X) Delete
Name: CHESTER, WILLIAM,
Address: 14700 PETIT WAY
City-St-Zip: POTOMAC, MD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: FRANCISCO W. MARTY

PDT

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date