

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10953

FILED
Apr 25, 2007
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 (X)

Name and Address of Current Registered Agent:

ROJAS, SILVIA
7235 H NW 19TH ST
MIAMI, FL 33126 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 (X).

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROSE MARIE R. MARTY

DVPS

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date