2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# L06000094201

Entity Name: PLATINUMONE HOME HEALTH SERVICES LLC

Current Principal Place of Business:

5979 N.W. 151 STREET, #236
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5979 N.W. 151 STREET, #236
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 74-3190528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

L. ARGUELLES, LORNA LELANY
5979 N.W. 151 STREET, #236
MIAMI LAKES, FL 33014 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: L. ARGUELLES, REYNALDO
Address: 5979 N.W. 151 STREET, #236
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete
Name: L. ARGUELLES, LORNA LELANY
Address: 5979 N.W. 151 STREET, #236
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REYNALDO L. ARGUELLES MGR 01/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date