

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90042 043 ****61.25

DOCUMENT # N03000009221 1. Entity Name LOVABLE HOME HEALTH SERVICES CORP.			
Principal Place of Business 888 BRICKELL KEY DRIVE 1902 MIAMI, FL 33131		Mailing Address 888 BRICKELL KEY DRIVE 1902 MIAMI, FL 33131	
2. Principal Place of Business 848 Brickell Avenue Suite Apt. #, etc. Suite 630 City & State Miami, FL Zip 33131 County Dade		3. Mailing Address 848 Brickell Avenue Suite Apt. #, etc. Suite 630 City & State Miami, FL Zip 33131 County Dade	
4. FEI Number 20-0387968		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, ANTONIO G 888 BRICKELL KEY DRIVE #1902 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Perez Antonio G. Street Address (P.O. Box Number is Not Acceptable) 1865 Brickell Avenue Suite A208 City Miami FL Zip Code 33129	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, ANTONIO G 888 BRICKELL KEY DRIVE #1902 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Perez Antonio G. 1865 Brickell Ave Suite A208 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other as empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Antonio G. Perez		Date 3/24/05 (305) 799-0007	