

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90060 049 \*\*\*150.00

<b>DOCUMENT # P00000064369</b> 1. Entity Name <b>HOME HEALTH EXPRESS, INC.</b>					
Principal Place of Business <b>2246 W 80TH STREET, #7 HIALEAH FL 33016</b>			Mailing Address <b>7560 W. 32ND AVENUE HIALEAH FL 33018</b>		
2. Principal Place of Business		3. Mailing Address <b>13877 SW 5084</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Miramar</b>			
City & State		City & State <b>Florida</b>			
Zip <b>33027</b>	Country <b>USA</b>	4. FEI Number <b>65-1023188</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARGUELLES, ALEXANDER L 7560 W 32 AVENUE HIALEAH FL 33018</b>			7. Name and Address of New Registered Agent Name <b>Alexander L. Arguelles</b> Street Address (P.O. Box Number is Not Acceptable) <b>13877 SW 5084</b> <b>Miramar, FL 33027</b> City <b>FL</b> Zip Code		
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 <b>Alexander L. Arguelles</b> <span style="float: right;">03/08/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete NAME <b>ARGUELLES, ALEXANDER L</b> STREET ADDRESS <b>7560 W 32 AVENUE</b> CITY-ST-ZIP <b>HIALEAH FL 33018</b>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <b>Registered Agent</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Evelyn Arguelles</b> STREET ADDRESS <b>2246 W 80th</b> CITY-ST-ZIP <b>Hialeah FL 33016</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 607, 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 like empowered.					
SIGNATURE: <b>Alexander L. Arguelles</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/08/05 3058239666 <small>Date Daytime Phone #</small>		