


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90269 028 ***158.75

DOCUMENT # P01000056525	
1. Entity Name USA HOME HEALTH SERVICES, INC.	

Principal Place of Business 5341 WEST ATLANTIC AVENUE SUITE 304 DELRAY BEACH, FL 33484	Mailing Address 600 W 20TH STREET HIALEAH, FL 33010
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 760 Ponce de Leon Blvd
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Coast Gables FL	4. FEI Number 65-1134402	Applied For <input type="checkbox"/> Not Applicable
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Zip 33134	Country Dominican	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BRACERAS, WILFRED 600 W 20TH STREET HIALEAH, FL 33010	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRACERAS, ELIZABETH 600 W 20TH STREET HIALEAH, FL 33010 <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 exemptions contained 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 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: ELIZABETH BRACERAS, PRESIDENT		04/11/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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04032007 Chg-P CR2E034 (12/06)