

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071241

Entity Name: E.M. HOME CARE, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

1784 W. FLAGLER ST.
#20
MIAMI, FL 33135

New Principal Place of Business:

4691 NW 9 STREET
A-105
MIAMI, FL 33126

Current Mailing Address:

1784 W. FLAGLER ST.
#20
MIAMI, FL 33135

New Mailing Address:

4691 NW 9 STREET
A-105
MIAMI, FL 33126

FEI Number: 65-0977553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLA, PORFIRIO
1784 W. FLAGLER ST.
#20
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

MILLA, PORFIRIO
4691 NW 9 STREET
A-105
MIAMI, FL 33126 US

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: PORFIRIO MILLA

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ENRIQUE, MILLA
Address: 1784 W. FLAGLER ST. #20
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ENRIQUE, MILLA
Address: 4691 NW 9 STREET
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PORFIRIO MILLA

PD

04/22/2005

Electronic Signature of Signing Officer or Director

Date