

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071241

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

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

4691 NW 9 STREET
A-105
MIAMI, FL 33126

New Principal Place of Business:

1784 WEST FLAGLER STREET
20
MIAMI, FL 33135

Current Mailing Address:

4691 NW 9 STREET
A-105
MIAMI, FL 33126

New Mailing Address:

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
4691 NW 9 STREET
A-105
MIAMI, FL 33126 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVSD (X) Change () Addition
Name: AVILES, GLORIA R PVSD
Address: 4691 NW 9 STREET APT. # A-105
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GLORIA R AVILES

PVSD

04/29/2007

Electronic Signature of Signing Officer or Director

Date