

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082967

FILED
Jan 03, 2008
Secretary of State

Entity Name: PRESTIGE HOME CARE SERVICES, INC.

Current Principal Place of Business:

17 NW 168TH STREET
N MIAMI BCH, FL 33169

New Principal Place of Business:

Current Mailing Address:

17 NW 168TH STREET
N MIAMI BCH, FL 33169

New Mailing Address:

FEI Number: 65-1133572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAPOT, SANDRA C
17 NW 168TH STREET
N MIAMI BCH, FL 33169 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: MS () Delete
Name: KLAPOT, SANDRA C
Address: 8842 DICKENS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: ARCEBIDO, MARIA C
Address: 547 CLERMONT CT
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: KLAPOT, SANDRA C
Address: 9007 DICKENS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: MS (X) Change () Addition
Name: ARCEBIDO, MARIA C
Address: 547 CLERMONT CT
City-St-Zip: WESTON, FL 33326

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: SANDRA KLAPOT

ADM

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date