

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000111090
 1. Entity Name
ALLIED HOME HEALTH SERVICES, INC.



Principal Place of Business 111 NW 183RD ST. SUITE 100 MIAMI GARDENS, FL 33169	Mailing Address 111 NW 183RD ST. SUITE 100 MIAMI GARDENS, FL 33169
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1155673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

AZEEZ, RISIKAT A
 5881 NW 192ND STREET
 MIAMI, FL 33015

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS AZEEZ, RISIKAT A 5881 N.W. 192ND ST MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT ADEBISI, RUKAYAT A 5881 N.W. 192ND ST MIAMI, FL 33015
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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: Risikat A. Azeez Date: 01/14/08 Daytime Phone #: 305 623-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR