


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000112580		
1. Entity Name PINES HOME HEALTH CARE SERVICES, INC.		

Principal Place of Business 12535 ORANGE DR STE 603 DAVIE, FL 33330	Mailing Address 12535 ORANGE DR STE 603 DAVIE, FL 33330
--	--



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGUINALDO, LYDIA 1091 NW 157TH AVE. PEMBROKE PINES, FL 33028

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	-----------------------------

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUINALDO, LYDIA 1091 NW 157TH AVE. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TABLADA, RAYMUNDO 1081 NW 157TH AVE. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUTUS, MASOCORRO 7972 TROPICANA DR. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATMAITAN, MALUISA 15470 NW 11TH ST. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADAR, REMEDIOS T 128 AGUSTA DR. PALOS HEIGHTS, IL 60463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000163456
 07/07/04-20003-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lydia Aguinardo 07/07/2004 (954) 236-8790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D.D. Daytime Phone #