


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01042005    No Chg-P    CR2E034 (10/03)

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

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

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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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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	

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01/07/05-80039-021 158.75

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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 Aguinaldo LYDIA AGUINALDO      01/05/05 (954)236-8790  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #