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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

BASIC AMENDMENT

PARADISE HOME CARE, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Estimated Charge | \$43.75 |

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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Amend
8/5/04

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**AMENDMENT TO ARTICLES OF INCORPORATION OF
PARADISE HOME CARE, INC.**

WHEREAS, the Corporation held a duly noticed Emergency Meeting of shareholders on April 19, 2004, at 9:30 a.m. at the offices of the corporation, said meeting having been called by Miguel Mirabal, Owner and holder of 67% of the issued and outstanding shares of the Corporation, and a copy of the Notice of emergency Meeting having been hand delivered to Karelia Martinez, the remaining shareholder of the Corporation; and

WHEREAS, the purpose of said emergency meeting, as particularly disclosed in the Notice was to amend the Articles of Incorporation of the Corporation and provide for Officers and directors of the Corporation ; and


WHEREAS, at said meeting elections were held for the offices and directorships of the Corporation with the following results:

President: Miguel Mirabal
Secretary/Treasurer: Miguel Mirabal
Director: Miguel Mirabal

elected to said offices by a vote of the holders of 67% of the issued and outstanding shares of the Corporation.

This Amendment shall become effective immediately upon its filing with the Secretary of the State of Florida. The number of votes cast by shareholders was sufficient for approval.

IN WITNESS WHEREOF, this Amendment has been executed by Miguel Mirabal, President and owner and President, Secretary/Treasurer and sole Director of the Corporation this 29 day of July, 2004.

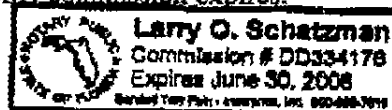

MIGUEL MIRABAL, President/Secretary

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

CORPORATE SEAL

Before me, an officer authorized to administer oaths in this state, this day appeared MIGUEL MIRABAL, President and Secretary of Paradise Home Care, Inc., who is personally known to me or who produced _____ as identification and who said he is the person who executed the foregoing as Secretary of the Corporation and who stated he executed same for the purposes set forth therein.

Notary Public, State of Florida
My commission expires:



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