

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086165

FILED
Feb 27, 2004
Secretary of State

Entity Name: ASSISTING ANGELS, HOME CARE, INC.

Current Principal Place of Business:

15579 MIAMI LAKE WAY NORTH APT 206
MIAMI LAKES, FL 33014

New Principal Place of Business:

5190 NW 167 STREET
SUITE #113
MIAMI LAKES, FL 33014

Current Mailing Address:

15579 MIAMI LAKE WAY NORTH APT 206
MIAMI LAKES, FL 33014

New Mailing Address:

5190 NW 167 STREET
SUITE #113
MIAMI LAKES, FL 33014

FEI Number: 51-0421379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, GUILLERMO
4011 W FLAGLER ST STE #403
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

PENA, NORTON J PRESIDE
15579 MIAMI LAKEWAY NORTH
#206
MIAMI LAKES, FL 33014 US

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: NORTON J. PENNA

02/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PENNA, NORTON J
Address: 15579 MIAMI LAKE WAY NORTH APT 206
City-St-Zip: MIAMI LAKES, FL 33014

Title: DV () Delete
Name: HENSRY, MARICELIS J
Address: 15579 MIAMI LAKE WAY NORTH APT 206
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: HENDRY, MARICELIS
Address: 15579 MIAMI LAKE WAY NORTH APT 206
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORTON J. PENNA

DP

02/27/2004

Electronic Signature of Signing Officer or Director

Date