


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90038 003 \*\*\*150.00

<b>DOCUMENT # P02000095946</b>		
1. Entity Name <b>MIAMI HOME HEALTH AGENCY, INC.</b>		

Principal Place of Business <b>7120 SW 47 ST MIAMI, FL 33155</b>	Mailing Address <b>7120 SW 47 ST MIAMI, FL 33155</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>13055 SW 42 Street</b>	3. Mailing Address <b>13055 SW 42 Street</b>
Suite, Apt. #, etc. <b>Suite #208</b>	Suite, Apt. #, etc. <b>Suite #208</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33175</b>	Country <b>USA</b>

400000



04042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>13-4211980</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>NOA, FELISA C 7120 SW 47 ST MIAMI, FL 33155</b>	
---	--

7. Name and Address of New Registered Agent Name <b>Noa, Felisa C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13055 SW 42 Street</b> <b>Suite #208</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33175</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																								
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
<table border="1"> <tr> <td>TITLE</td> <td>PVST</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NOA, FELISA C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7120 SW 47 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33155</td> <td></td> </tr> </table>	TITLE	PVST	<input type="checkbox"/> Delete	NAME	NOA, FELISA C		STREET ADDRESS	7120 SW 47 ST		CITY-ST-ZIP	MIAMI, FL 33155		<table border="1"> <tr> <td>TITLE</td> <td>PVST</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Noa, Felisa C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13055 SW 42 Street, Suite #208</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33175</td> <td></td> </tr> </table>		TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Noa, Felisa C.		STREET ADDRESS	13055 SW 42 Street, Suite #208		CITY-ST-ZIP	Miami, FL 33175	
TITLE	PVST	<input type="checkbox"/> Delete																								
NAME	NOA, FELISA C																									
STREET ADDRESS	7120 SW 47 ST																									
CITY-ST-ZIP	MIAMI, FL 33155																									
TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	Noa, Felisa C.																									
STREET ADDRESS	13055 SW 42 Street, Suite #208																									
CITY-ST-ZIP	Miami, FL 33175																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NOA, FELISA C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7120 SW 47 ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33155</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	NOA, FELISA C		STREET ADDRESS	7120 SW 47 ST		CITY-ST-ZIP	MIAMI, FL 33155		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Noa, Felisa C.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13055 SW 42 St. Suite 208</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami FL 33175</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Noa, Felisa C.		STREET ADDRESS	13055 SW 42 St. Suite 208		CITY-ST-ZIP	Miami FL 33175	
TITLE	D	<input type="checkbox"/> Delete																								
NAME	NOA, FELISA C																									
STREET ADDRESS	7120 SW 47 ST																									
CITY-ST-ZIP	MIAMI, FL 33155																									
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME	Noa, Felisa C.																									
STREET ADDRESS	13055 SW 42 St. Suite 208																									
CITY-ST-ZIP	Miami FL 33175																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										

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.		
<b>SIGNATURE:</b> <i>Noa Felisa C. Noa</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/3/2007</b> Date	<b>305-220-3553</b> Daytime Phone #