

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101549

FILED
Mar 26, 2009
Secretary of State

Entity Name: SWEET CARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

1200 NW 78 AVENUE
SUITE 112
MIAMI, FL 33126

New Principal Place of Business:

14850 SW 26 STREET
SUITE 211
MIAMI, FL 33185

Current Mailing Address:

1200 NW 78 AVENUE
SUITE 112
MIAMI, FL 33126

New Mailing Address:

14850 SW 26 STREET
SUITE 211
MIAMI, FL 33185

FEI Number: 55-0796465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, NELSON
401 OCEAN DRIVE
423
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

HERNANDEZ, NELSON
2101 BRICKELL AVENUE
APT. # 2111
MIAMI, FL 33129 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: NELSON HERNANDEZ

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ, ODALYS
Address: 14926 SW 34 STREET
City-St-Zip: MIAMI, FL 33185

Title: VD () Delete
Name: HERNANDEZ, NELSON
Address: 401 OCEAN DRIVE APT. # 423
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HERNANDEZ, NELSON
Address: 2101 BRICKELL AVENUE, APT # 2111
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ODALYS HERNANDEZ

MRS

03/26/2009

Electronic Signature of Signing Officer or Director

Date