

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106689

Entity Name: OCEAN HOME HEALTH CARE INC.

FILED  
Jun 22, 2009  
Secretary of State

## Current Principal Place of Business:

1671 W 38 PL #1408 STE B  
HIALEAH, FL 33012

## New Principal Place of Business:

1671 W 38 PL #1408  
SUITE B  
HIALEAH, FL 33012

## Current Mailing Address:

1671 W 38 PL #1408 STE B  
HIALEAH, FL 33012

## New Mailing Address:

1671 W 38 PL #1408  
SUITE B  
HIALEAH, FL 33012

FEI Number: 56-2297118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CATHERINE HITE, P.A.  
799 BRICKELL PLAZA SUITE 700  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

REYNALDO CASTELLANOS.  
9960 BIRD ROAD  
MIAMI, FL 33165 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: REYNALDO CASTELLANOS

06/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: PELAEZ, DIANA  
Address: 1671 W 38 PL #1408, STE B  
City-St-Zip: HIALEAH, FL 33012

Title: PD ( ) Delete  
Name: PELAEZ, JORGE  
Address: 1000 SW 96 AVE  
City-St-Zip: MIAMI, FL 33174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JORGE PELAEZ

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date