## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000116619

Entity Name: EXCELLENT HOME CARE, INC.

FILED Jan 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7800 NW 179 ST MIAMI, FL 33015 **Current Mailing Address: New Mailing Address:** 7487 NW 169 LANE MIAMI, FL 33015 FEI Number: 59-3762226 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOIZ, JORGE LOIZ, JORGE 7487 NW 169 LANE 8598 NW 169 LANE MIAMI, FL 33015 US MIAMI, FL 33015 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: JORGE LOIZ 01/11/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOIZ, JORGE Name: Name: 7487 NW 169 LANE Address: Address:

City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete TRAVIESO, OGLA TRAVIESO, OLGA Name: Name:

7487 NW 169 LANE Address: 7487 NW 169 LANE Address: MIAMI, FL 33015 MIAMI, FL 33015 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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 LOIZ PS 01/11/2006