

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000116768

**FILED**  
**Oct 04, 2007**  
**Secretary of State**

**Entity Name:** NEW AGE HOME HEALTH CARE INC.

**Current Principal Place of Business:**

8890 SW 24TH ST., #218  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

8890 SW 24TH ST., #218  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 16-1636484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONZON, YOEL  
8890 SW 24TH ST., #218  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

LOPEZ, JORGE E  
8890 SW 24TH ST., #218  
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: JORGE E LOPEZ

10/04/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MONZON, YOEL  
Address: 8890 SW 24TH ST., #218  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LOPEZ, JORGE E  
Address: 8890 SW 24TH ST., #218  
City-St-Zip: MIAMI, FL 33165

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 E LOPEZ

PRES

10/04/2007

Electronic Signature of Signing Officer or Director

Date