2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# P02000118888

Entity Name: FLORIDA'S BEST HOME HEALTH REFERRALS, INC.

Current Principal Place of Business:

6555 NW 36TH STREET, STE. 110
MIAMI, FL 33166 US

New Principal Place of Business:

6555 NW 36TH STREET
110
VIRGINIA GARDENS, FL 33166 US

Current Mailing Address:

6555 NW 36TH STREET, STE. 110
MIAMI, FL 33166 US

New Mailing Address:

6555 NW 36TH STREET
110
VIRGINIA GARDENS, FL 33166 US

FEI Number: 81-0578192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMENECH, LIZA M
6555 NW 36TH STREET, STE. 110
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

DOMENECH, LIZA M
6555 NW 36TH STREET
110
VIRGINIA GARDENS, FL 33166 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: LIZA M DOMENECH 03/24/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DOMENECH, LIZA
Address: 6555 NW 36TH STREET, STE. 110
City-St-Zip: MIAMI, FL 33166 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DOMENECH, LIZA M
Address: 6555 NW 36TH STREET, #110
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: VP ( ) Change (X) Addition
Name: GAMEZ, EURYS
Address: 6555 NW 36 STREET, #110
City-St-Zip: VIRGINIA GARDENS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LIZA M DOMENECH PD 03/24/2005
Electronic Signature of Signing Officer or Director Date