

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118888

FILED
Mar 16, 2008
Secretary of State

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

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1627 SW 37 AVE
CU1
MIAMI, FL 33145 US

New Mailing Address:

1627 SW 37 AVE
CU1
MIAMI, FL 33145 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
110
VIRGINIA GARDENS, FL 33166 US

Name and Address of New Registered Agent:

DOMENECH, LIZA M
1627 SW 37 AVE
CU1
MIAMI, FL 33145 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:

03/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOMENECH, LIZA M
Address: 1627 SW 37 AVE
City-St-Zip: MIAMI, FL 33145 US

Title: VP (X) Change () Addition
Name: GAMEZ, EURYS
Address: 1831 SW 25 AVE
City-St-Zip: MIAMI, FL 33145

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: EURYS GAMEZ

VP

03/16/2008

Electronic Signature of Signing Officer or Director

Date