

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010738

FILED
Jul 02, 2004
Secretary of State

Entity Name: SUNNY HOME CARE, INC.

Current Principal Place of Business:

9099 NW 113TH STREET
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

9099 NW 113TH STREET
HIALEAH GARDENS, FL 33018

Current Mailing Address:

9099 NW 113TH STREET
HIALEAH GARDENS, FL 33016

New Mailing Address:

9099 NW 113TH STREET
HIALEAH GARDENS, FL 33018

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

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: P () Delete
Name: DUNAND, ANA C
Address: 9099 NW 113TH STREET
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VD () Delete
Name: RIVERO, ARLENE
Address: 9099 NW 113TH STREET
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRUZ, OLGA
Address: 9099 NW 113TH STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VP (X) Change () Addition
Name: CRUZ, IRALDO
Address: 9099 NW 113TH STREET
City-St-Zip: HIALEAH GARDENS, FL 33018

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: OLGA CRUZ

P

07/02/2004

Electronic Signature of Signing Officer or Director

Date