2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

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May 02, 2005 8:00 am Secretary of State 05-02-2005 90466 039 ***150.00 **DOCUMENT # P03000010738** 1. Entity Name SUNNY HOME CARE, INC. Mailing Address Principal Place of Business 9099 NW 113TH STREET 9099 NW 113TH STREET HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 Chq-P CR2E034 (10/03) Applied For City & State 4. FFI Number City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed same of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. , ☐ Change ☐ Addition ☐ Delete TITLE TITLE CRUZ, OLGA NAME NAME STREET ADDRESS 9099 NW 113TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33018 CITY-ST-ZIP VP ☐ Change ☐ Addition ☐ Delete TIΠE TITLE NAME CRUZ, IRALDO NAME STREET ADDRESS STREET ADDRESS 9099 NW 113TH STREET HIALEAH GARDENS, FL 33018 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ER OR DIRECTOR

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