## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # P03000017725 ✓ 1. Entity Name DIANA HOME CARE #1 CORP. Principal Place of Business Mailing Address 650 SW 60 CT 6854 WEST FLAGLER STREET MIAMI, FL 33144 MIAMI, FL 33144 No Cha-P 01252008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0727204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REYES, ADA V 6854 WEST FLAGLER STREET MIAMI, FL 33144 WAIN THIS SPACE 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Efection Campaion Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME REYES, ADA V STREET ADDRESS 650 SW 60 CT MIAMI, FL 33144 CITY-ST-ZIP TITLE NAME 02/05/08-80003-024 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted 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 adjaces, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/08

(3N)498 2369.

**FILED**