## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000035987

Entity Name: MAJESTIC HOME HEALTH AGENCY INC.

FILED Mar 10, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1320 NW 7 ST 6365 TAFT STREET MIAMI, FL 33125 **SUITE 3005** 

HOLLYWOOD, FL 33024

**Current Mailing Address:** New Mailing Address:

1320 NW 7 ST 6365 TAFT STREET MIAMI, FL 33125

SUITE 3005

HOLLYWOOD, FL 33024

**FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANABRIA, BARBARA SANABRIA, BARBARA 7150 COOLIDGE ST 6365 TAFT STREET

HOLLYWOOD, FL 33024 US SUITE 3005 HOLLYWOOD, FL 33024 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: 03/10/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

SANABRIA, BARBARA SANABRIA, BARBARA Name: Name:

7150 COOLIDGE ST Address: 6365 TAFT STREET SUITE 3005 Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: HOLLYWOOD, FL 33024

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 Statutés. 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: BARBARA M. SANABRIA DP 03/10/2004