

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035987

FILED
Apr 25, 2005
Secretary of State

Entity Name: MAJESTIC HOME HEALTH AGENCY INC.

Current Principal Place of Business:

6365 TAFT STREET
SUITE 3005
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6365 TAFT STREET
SUITE 3005
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 84-1640284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANABRIA, BARBARA
6365 TAFT STREET
SUITE 3005
HOLLYWOOD, FL 33024 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AMADO, CARMEN
Address: 6365 TAFT STREET SUITE 3005
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SANABRIA, BARBARA
Address: 7150 COOLIDGE STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP () Change (X) Addition
Name: AMADO, CARMEN
Address: 6365 TAFT STREET SUITE 3005
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 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: BARBARA SANABRIA

DP

04/25/2005

Electronic Signature of Signing Officer or Director

Date