2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# P03000035987

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

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: DP ( ) Delete
Name: SANABRIA, BARBARA
Address: 7150 COOLIDGE STREET
City-St-Zip: HOLLYWOOD, FL 33024

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SANABRIA, GILBERT
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 Chapter 119, 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 05/05/2006

Electronic Signature of Signing Officer or Director Date