

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040590

FILED
May 01, 2009
Secretary of State

Entity Name: OUTSTANDING HOME HEALTH CARE, INC.

Current Principal Place of Business:

6355 NW 36 STREET, #307
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

6355 NW 36 STREET, #307
VIRGINIA GARDENS, FL 33166

New Mailing Address:

FEI Number: 56-2355780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, GISELLE
6355 NW 36 STREET, #307
VIRGINIA GARDENS, FL 33166 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: PD () Delete
Name: GARCIA, GISELLE
Address: 6355 N.W. 36TH ST #307
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VD () Delete
Name: MURIAS, ELIA
Address: 6355 N.W. 36TH ST #307
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: SD () Delete
Name: CASTANEDA, ESTELA
Address: 6355 N.W. 36TH ST #307
City-St-Zip: VIRGINIA GARDENS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GISELLE L. GARCIA

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date