#### **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

#### Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P03000048488 03-15-2006 90087 033 \*\*\*150.00 1. Entity Name E & F HOME CARE SERVICES, INC. Principal Place of Business Mailing Address 3635 WEST 13 AVENUE 3635 WEST 13 AVENUE HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03102006 Chg-P City & State City & State 4. FEI Number Applied For 04-3755436 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACHOY, EYALINES Street Address (P.O. Box Number is Not Acceptable) 3635 WEST 13 AVENUE HIALEAH, FL 33012 Zip Code 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. If am far filliar with, and accept the obligations of registered agent SIGNATURE. nature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ACHOY, EYALINES NAME STREET ADDRESS 3635 WEST 13 AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY+ST-ZIP VTD ☐ Change TITLE Delete TITLE ☐ Addition PEREZ, FRANCISCO NAME NAME STREET ADDRESS 3635 WEST 13 AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trustee 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 address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

380 -5990

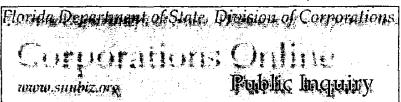
☐ Change

☐ Addition

**FILED** 

Division of Corporations

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### Florida Profit

#### E & F HOME CARE SERVICES, INC.

PRINCIPAL ADDRESS 3635 WEST 13 AVENUE HIALEAH FL 33012

#### MAILING ADDRESS 3635 WEST 13 AVENUE HIALEAH FL 33012



FEI Number 043755436

Date Filed 05/01/2003

Status ACTIVE Effective Date NONE

# Registered Agent

#### Name & Address

ACHOY, EYALINES 3635 WEST 13 AVENUE HIALEAH FL 33012

## Officer/Director Detail

Name & Address	Title
ACHOY, EYALINES 3635 WEST 13 AVENUE	PD
PEREZ, FRANCISCO 3635 WEST 13 AVENUE	VTD
HIALEAH FL 33012	

# Annual Reports

Report Year	Filed Date

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05/01/2003 -- Domestic Profit

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