2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048488

1. Entity Name
E & F HOME CARE SERVICES, INC.

Principal Place of Business	Mailing Address
3635 WEST 13 AVENUE HIALEAH, FL 33012	3635 WEST 13 AVENUE HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

02062008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
04-3755436		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACHOY, EYALINES
3635 WEST 13 AVENUE
HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _[signature]_   DATE 2/6/08

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ACHOY, EYALINES
STREET ADDRESS	3635 WEST 13 AVENUE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VTD
NAME	PEREZ, FRANCISCO
STREET ADDRESS	3635 WEST 13 AVENUE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000828896
02/26/08-80015-016 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: X _[signature]_   Date 2/6/08   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR