

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052639

FILED
May 20, 2005
Secretary of State

Entity Name: ANGEL'S HOME CARE AGENCY INCORPORATED

Current Principal Place of Business:

P.O. BOX 69-3075
MIAMI, FL 33269

New Principal Place of Business:

3600 STATE RD 7
SUITE 220
MIRAMAR, FL 33269

Current Mailing Address:

P.O. BOX 69-3075
MIAMI, FL 33269

New Mailing Address:

3600 STATE RD 7
SUITE 220
MIRAMAR, FL 33269

FEI Number: 14-1883859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORBES THOMPSON INCORPORATED
11430 WASHINGTON BLVD
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

FORBES THOMPSON INCORPORATED
10700 CARIBBEAN BLVD
SUITE 312A
MIAMI, FL 33189 US

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: DONNA FORBES

05/20/2005

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: SMITH, MARYLYN MAUD
Address: 20765 NW MIAMI PLACE
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: FORBES, DONNA
Address: 11430 WASHINGTON BLVD.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, MARYLYN MAUD
Address: 3710 SW 52ND AVENUE
City-St-Zip: HOLLYWOOD, FL 22023

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

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: DONNA FORBES

VP

05/20/2005

Electronic Signature of Signing Officer or Director

Date