

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064444

FILED
Apr 05, 2004
Secretary of State

Entity Name: HEART 2 HEART HOME HEALTHCARE AGENCY INC.

Current Principal Place of Business:

6289 W. SUNRISE BLVD.
#262
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6289 W. SUNRISE BLVD.
#262
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 56-2366005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEAU, MARVA
6289 WEST SUNRISE BLVD.
SUITE 262
SUNRISE, FL 33313 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEAU, MARVA
Address: 5613 BLUEBERRY COURT
City-St-Zip: LAUDERHILL, FL 33313

Title: VD () Delete
Name: BAPTISTE, ALMA JEAN
Address: 138 NW 68 AVENUE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTINEAU, MARVA
Address: 6289 W. SUNRISE BLVD, # 262
City-St-Zip: SUNRISE, FL 33313

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: MARVA MARTINEAU

P

04/05/2004

Electronic Signature of Signing Officer or Director

Date