

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067901

FILED
Mar 19, 2009
Secretary of State

Entity Name: AFFABLE HOME CARE, INC.

Current Principal Place of Business:

1804-B N. UNIVERSITY DRIVE
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1804-B N. UNIVERSITY DRIVE
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 86-1069934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARSH, NORMAN D F
14141 SW 21ST STREET
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

THOMPSON, SHEREEN A
3511 SW 117TH AVENUE
DAVIE, FL 33330 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: SHEREEN A. THOMPSON

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARSH, NORMAN D F
Address: 14141 SW 21ST STREET
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EVANS, DEANNA L PRESIDE
Address: 10406 NW 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Change (X) Addition
Name: THOMPSON, SHEREEN A DIRECTO
Address: 3511 SW 117TH AVENUE
City-St-Zip: DAVIE, FL 33330

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: SHEREEN A. THOMPSON

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date