## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000073578

MIAMI, FL 33183

City-St-Zip:

Entity Name: LOS JAZMINES HOME CARE CORP.

FILED Apr 04, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2450 SW 137TH AVE. #211 MIAMI, FL 33175 **Current Mailing Address: New Mailing Address:** 12793 SW 65TH TERR 2450 SW 137 AVE MIAMI, FL 33183 #211 MIAMI, FL 33175 FEI Number: 56-2375655 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE TRINCHERIA, MARIA NEGRIN 12793 SW 65TH TERR MIAMI, FL 33183 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DE TRINCHERIA, MARIA NEGRIN Name: Name: 12793 SW 65TH TERR Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: () Delete Title: () Change () Addition DE TRINCHERIA, JOSE R Name: Name: 12793 SW 65TH TERR Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA NEGRIN DE TRINCHERIA D 04/04/2006