

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076238

FILED
Jan 06, 2006
Secretary of State

Entity Name: ODDI HOME HEALTH CARE, INC.

Current Principal Place of Business:

3750 WEST 16 AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3750 WEST 16 AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 13-4257503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPOTE, AMPARO
3131 SW 12 ST
MIAMI, FL 33135 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: D () Delete
Name: CAPOTE, LUIS
Address: 4151 W 9 CT
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: VIZCON, LAZARO
Address: 3132 SW 12 ST
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: CAPOTE, AMPARO
Address: 3132 SW 12 ST
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: LAZARO VIZCON

ADMI

01/06/2006

Electronic Signature of Signing Officer or Director

Date