2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P03000097472

Entity Name: HUMANA HOME HEALTH CARE CORP.

Current Principal Place of Business:

6742 NW 189TH TERR.
MIAMI LAKES, FL 33015

New Principal Place of Business:

6955 NW 77 AVE #404
MIAMI, FL 33166

Current Mailing Address:

6742 NW 189TH TERR.
MIAMI LAKES, FL 33015

New Mailing Address:

6955 NW 77 AVE #404
MIAMI, FL 33166

FEI Number: 20-0489472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, ADRIANA
6742 NW 189TH TERR.
MIAMI LAKES, FL 33015 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: VALDES, ADRIANA
Address: 6742 NW 189TH TERR.
City-St-Zip: MIAMI LAKES, FL 33015

Title: V ( ) Delete
Name: SUAREZ, MARIA C
Address: 6742 NW 189TH TERR.
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VALDES, ADRIANA
Address: 6955 NW 77 AV #404
City-St-Zip: MIAMI, FL 33166

Title: V (X) Change ( ) Addition
Name: SUAREZ, MARIA C
Address: 6955 NW 77 AV #404
City-St-Zip: MIAMI, FL 33166

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: ADRIANA VALDES PD 04/27/2004

Electronic Signature of Signing Officer or Director Date