FILED
Jun 22, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097472

1. Entity Name
HUMANA HOME HEALTH CARE CORP.

Principal Place of Business	Mailing Address
6801 NW 77 AVE 103 MIAMI, FL 33166	6801 NW 77 AVE 103 MIAMI, FL 33166

U00000766565
06/22/07-80004-003 550.00

DO NOT WRITE IN THIS SPACE

06132007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0489472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, DALMYS
6801 NW 77 AVE
103
MIAMI, FL 33166

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	HERNANDEZ, DALMYS
STREET ADDRESS	6801 NW 77 AVE SUITE 103
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	T
NAME	RODRIGUEZ, LIVAN
STREET ADDRESS	6801 NW 77 AVE SUITE 103
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Junio 5/07 (305)305-6491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #