FILED
Mar 05, 2008 8:00 am
Secretary of State
01-29-2008 90036 001 ***150.00
01-29-2008 90036 002 *****8.75

2008 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

66002418

01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DALMYS HERNANDEZ 2/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	

DO NOT WRITE IN THIS SPACE

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: 2/28/08 (305)888-0944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #