

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106516

FILED
Apr 30, 2005
Secretary of State

Entity Name: U FIRST HOMECARE SOLUTIONS, INC.

Current Principal Place of Business:

10850 SW 113 PL, STE. 216
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

10850 SW 113 PL, STE. 216
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 20-0261797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAWA, DOROTHY
14054 SW 103 TERRACE
MIAMI, FL 33186 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: SD () Delete
Name: WAWA, DOROTHY
Address: 14054 SW 103 TERRACE
City-St-Zip: MIAMI, FL 33186 US

Title: D () Delete
Name: LACRETE, GERARD JR
Address: 6720 SW 127 PL
City-St-Zip: MIAMI, FL 33183

Title: OD () Delete
Name: THONY, BOLINA
Address: 13878 SW 90 AVE, APT G 205
City-St-Zip: MIAMI, FL 33176 US

Title: D () Delete
Name: BALBUENA, SONIA
Address: 12561 SW 210 TERRACE
City-St-Zip: MIAMI, FL 33177 US

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:

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 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: DOROTHY WAWA

RA

04/30/2005

Electronic Signature of Signing Officer or Director

Date