

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118032

FILED
Apr 21, 2008
Secretary of State

Entity Name: SISTERS HOME CARE SERVICES, INC.

Current Principal Place of Business:

4010 HIGHGATE DR
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4010 HIGHGATE DR
VALRICO, FL 33594

New Mailing Address:

FEI Number: 56-2396583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARMASHWARIE, AZOR
4010 HIGHGATE DR
VALRICO, FL 33594 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: P () Delete
Name: MONICA, DERIVEAU
Address: 4010 HIGHGATE DR
City-St-Zip: VALRICO, FL 33594

Title: V () Delete
Name: PARMASHWARIE, AZOR
Address: 4010 HIGHGATE DR
City-St-Zip: VALRICO, FL 33594

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V () Change (X) Addition
Name: AZOR, TALIA
Address: 1112 LUSMDEN TRACE
City-St-Zip: VALRICO, VL 33594

Title: V () Change (X) Addition
Name: TIFFANY, DERIVEAU
Address: 1112 LUMSDEN TRACE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify 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: PARMASHWARIE AZOR

V

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date