

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119908

FILED
Jul 27, 2004
Secretary of State

Entity Name: CARE RESPONSE HOME HEALTH AGENCY CORP.

Current Principal Place of Business:

15633 SW 85 TERRACE
MIAMI, FL 33193

New Principal Place of Business:

13205 SW 137 AVE
223
MIAMI, FL 33186

Current Mailing Address:

15633 SW 85 TERRACE
MIAMI, FL 33193

New Mailing Address:

13205 SW 137 AVE
MIAMI, FL 33186

FEI Number: 20-0755175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTAY, SANDRA I
15633 SW 85 TERRACE
MIAMI, FL 33193

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOTAY, SANDRA
Address: 15633 SW 85 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: VALERO, CLAUDIO
Address: 15633 SW 85 TERRACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: VALERO, CLAUDIO
Address: 12241 SW 99 ST
City-St-Zip: MIAMI, FL 33186

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: CLAUDIO VALERO

V

07/27/2004

Electronic Signature of Signing Officer or Director

_____ Date