

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119908

**FILED**  
**Feb 28, 2008**  
**Secretary of State**

**Entity Name:** CARE RESPONSE HOME HEALTH AGENCY CORP.

**Current Principal Place of Business:**

313 SW 27 AVE  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

313 SW 27 AVE  
MIAMI, FL 33135

**New Mailing Address:**

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  
280 SW 20 RD  
907  
MIAMI, FL 33129 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: GOTAY, SANDRA  
Address: 280 SW 20 RD  
City-St-Zip: MIAMI, FL 33129

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: SANDRA I GOTAY

P

02/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date