


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90357 004 ***158.75

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| DOCUMENT # P03000152112 | |  |
| 1. Entity Name MERLYS HOME HEALTH CARE AGENCY INC. | | |

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| Principal Place of Business 5874 SW 4 ST MIAMI, FL 33144 | Mailing Address 5874 SW 4 ST MIAMI, FL 33144 |
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50041097



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| 2. Principal Place of Business 7216 SW 8th Street Suite, Apt. #, etc. # 2 | 3. Mailing Address 5874 SW 4 ST Suite, Apt. #, etc. |
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03222005 Chg-P CR2E034 (10/03)

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|---------------------------|-----------------------|
| City & State Miami Fla | City & State Miami |
| Zip 33144 | Country DADE |
| City & State Miami Fla | City & State Miami |
| Zip 33144 | Country MIAMI DADE |

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0227955 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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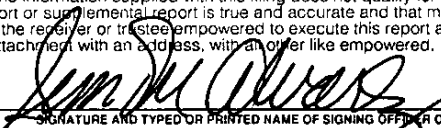
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| 6. Name and Address of Current Registered Agent HERNANDEZ, LAZARO M 5874 SW 4 ST MIAMI, FL 33144 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE | DATE |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ALVAREZ, SANDRA 5874 SW 4 ST MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V HERNANDEZ, LAZARO 5874 SW 4 ST MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 an officer like empowered. | |
| SIGNATURE:  | 04/01/05 7862759956 Date Daytime Phone # |