

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153661

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: EDU HOME HEALTH CARE SERVICES, INC

## Current Principal Place of Business:

400 SW 107TH AVE., STE. 306A  
MIAMI, FL 33174

## New Principal Place of Business:

400 SW 107TH AVE., STE. 306A  
SUITE 306-A  
MIAMI, FL 33174

## Current Mailing Address:

400 SW 107TH AVE., STE. 306A  
MIAMI, FL 33174

## New Mailing Address:

400 SW 107TH AVE., STE. 306A  
SUITE 306-A  
MIAMI, FL 33174

FEI Number: 20-0706517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKLEEMA-LATIFF, BIBI  
620 SW 130TH AVENUE  
MIAMI, FL 33184 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: AKLEEMA-LATIFF, BIBI  
Address: 620 SW 130TH AVENUE  
City-St-Zip: MIAMI, FL 33184

Title: CEO ( ) Delete  
Name: AKLEEMA-LATIFF, BIBI  
Address: 620 SW 130TH AVENUE  
City-St-Zip: MIAMI, FL 33184

## 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: BIBI- AKLEEMA LATIFF

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date