


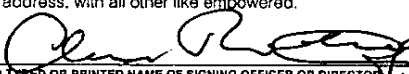


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90009 010 ***150.00

DOCUMENT # P04000008467 1. Entity Name RENAISSANCE HOME HEALTH CARE, INC.					
Principal Place of Business 12159 SW 132 COURT, STE #202 MIAMI, FL 33186			Mailing Address 12159 SW 132 COURT, STE #202 MIAMI, FL 33186		
2. Principal Place of Business 12233 SW 132 Court Suite, Apt. #, etc.		3. Mailing Address 12233 S.W 132 Court Suite, Apt. #, etc.			
City & State Miami, Florida		City & State Miami, FLORIDA		4. FEI Number 20-0590182	
Zip 33186		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSQUERA, CELSO E 12159 SW 132 COURT, STE #202 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name MOSQUERA, CELSO E. Street Address (P.O. Box Number is Not Acceptable) 12233 S.W 132 Court City Miami FL Zip Code 33186	
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 2/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MOSQUERA, CELSO E 12159 SW 132 COURT, STE #202 MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/VP MOSQUERA, CELSO E. 12233 SW 132 Court Miami, FL 33186 <input checked="" 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	S/T RODRIGUEZ, CLARA 16300 SW 139 Court Miami, FL 33177 <input type="checkbox"/> Change <input checked="" 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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: 			Date 2/24/06 Daytime Phone #		