

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013605

FILED
Apr 30, 2007
Secretary of State

Entity Name: AMERICANA HOME HEALTH CARE, INC.

Current Principal Place of Business:

633 NE 167TH STREET
SUITE # 614
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

633 NE 167TH STREET
SUITE # 614
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-0611728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEANGILLES, WILBENS
633 NE 167TH STREET
SUITE # 614
NORTH MIAMI BEACH, FL 33162 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: PD () Delete
Name: JEANGILLES, WILBENS
Address: 633 NE 167TH STREET SUITE # 614
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILBENS JEANGILLES

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date