

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000028268

Entity Name: ABC HOME HEALTH CARE, INC.

**FILED**  
**Jun 28, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8360 W FLAGLER ST SUITE 210  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8360 W FLAGLER ST SUITE 210  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 20-0726459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZAMBRANA, JAVIER A  
8360 W FLAGLER ST SUITE 210  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

PEREZ, ENRIQUE  
8360 W FLAGLER ST SUITE 210  
MIAMI, FL 33144 US

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: ENRIQUE PEREZ

06/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: ZAMBRANA, JAVIER A  
Address: 8360 W FLAGLER ST SUITE 210  
City-St-Zip: MIAMI, FL 33144

Title: V (X) Delete  
Name: PEREZ, ENRIQUE  
Address: 8360 W FLAGLER ST SUITE 210  
City-St-Zip: MIAMI, FL 33144

Title: TRE (X) Delete  
Name: ZAMBRANA, GLADYS  
Address: 651 SW 66 AVE  
City-St-Zip: MIAMI, FL 33144

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

Title: PSD (X) Change ( ) Addition  
Name: PEREZ, ENRIQUE  
Address: 8360 W FLAGLER ST SUITE 210  
City-St-Zip: MIAMI, FL 33144

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: ENRIQUE PEREZ

PSD

06/28/2007

Electronic Signature of Signing Officer or Director

Date