2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90114 049 ***150.00

DOCUMENT # P0400040056 1. Enlity Name SKILL HOME HEALTH CARE CORP.				03-29-2000 90114 049 130.00
Principal Place 11401 S.W. 4 SUITE 322 MIAMI, FL 33	OTH ST.	Mailing Address 11401 S.W. 40TH ST. SUITE 322 MIAMI, FL 33165	•	
11401 SW 40th ST		3. Mailing Address リイクリ S W 4	10th ST	
Suite, Apt. #, etc. 5, - 32.1		Suite, Apt. #, etc. 5 - 32		03232006 Chg-P CR2E034 (11/05)
City & State	i FL 33165	City & State		4. FEI Number Applied For 37-1486576 Not Applicable
Zip 33165	Country U.S.A	Zip 33165	Country W·S-A	5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
DELGADO, JULIO C 3335 SW 95 CT MIAMI, FL 33165 Street Address (P.O. Box Number is Not Acceptable)				
l			City	FL Zip Code
8. The above named entity of bmits 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 Signature total or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Effection Campaign Financing \$5,00 May Be				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	T . F . (C		5.00 May Be dded to Fees
10. TITLE NAME SIREEI ADDRESS CITY-SI-ZIP	P DELGADO, JULIO C 3335 SW 95 CT MIAMI, FL 33165	DIRECTORS Delete	11. THE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME SIREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, ROXANA 3335 SW 95 CT MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CIFY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADURESS CITY-S1-ZIP		☐ Delete	NAME SIREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition The control of

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 resolver 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 attack with an address, with all other like empowered.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR