## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000040117

**DAVIE, FL 33331** 

City-St-Zip:

Entity Name: AT HOME COMPANION OF FLORIDA, INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE 204	ST VINE STREE    E, FL 34741	ET					
Current Mailing Address:			New Maili	New Mailing Address:			
SUITE 204	ST VINE STREE     :E, FL 34741	ΞT					
FEI Number:	: 20-0828472	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status	s Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered A	gent:	
	, LUIS M AND COVE DR ), FL 32837	IVE US					
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered	agent, or both,	
SIGNATU	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () ARANETA, LUIS 14731 GRAND ( ORLANDO, FL	COVE DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () LICONG, JULIU 3405 PERCHING ST. CLOUD, FL	G ROAD	Title: Name: Address: City-St-Zip:	VP ( VALLE, FRAN 2014 LIVE OA ST. CLOUD, F	AK BLVD		
Title: Name: Address: City-St-Zip:	S () MARASIGAN, R 14823 TWIN MA HOUSTON, TX	PLE ST	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address:	T () BAQUIRAN, DAI 6914 WEDGEW		Title: Name: Address:	(	) Change ( ) Addition		

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.

City-St-Zip:

SIGNATURE: LUIS MA. S. ARANETA ADMI 07/05/2007