
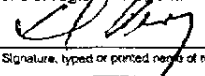



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000063647</b>					
1. Entity Name STAR HOME HEALTH CARE SERVICES, INC.					
Principal Place of Business 4355 WEST 16 AVE 206 B HIALEAH, FL 33012			Mailing Address 15103 SW 30 TERR MIAMI, FL 33185		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEREZ, MAITE 15103 SW 30 TER MIAMI, FL 33185			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: 		Vice President		3/15/06 DATE	
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALONSO, IVON		NAME	U00000471295	
STREET ADDRESS	15103 SW 30 TER		STREET ADDRESS	03/23/05-80048-007 150.00	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ, MAITE		NAME		
STREET ADDRESS	15103 SW 30 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATRON, AYMARA		NAME		
STREET ADDRESS	15103 SW 30 TER		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/06 Date	
				Daytime Phone #	