

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063647

FILED
Apr 30, 2008
Secretary of State

Entity Name: STAR HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

3001 SW 107TH AVENUE #A
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

15103 SW 30 TERR
MIAMI, FL 33185

New Mailing Address:

FEI Number: 20-1017429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MAITE
15103 SW 30 TER
MIAMI, FL 33185 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: P () Delete
Name: ALONSO, IVON
Address: 15103 SW 30 TER
City-St-Zip: MIAMI, FL 33185

Title: V () Delete
Name: PEREZ, MAITE
Address: 15103 SW 30 TER
City-St-Zip: MIAMI, FL 33185

Title: S () Delete
Name: PATRON, AYMARA
Address: 15103 SW 30 TER
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IVON ALONSO

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date