

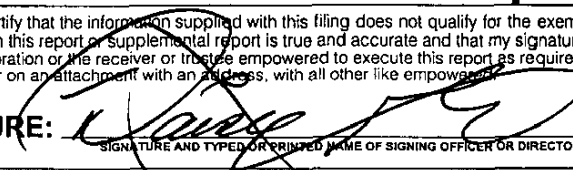


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90028 030 ***150.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # P04000076073 1. Entity Name PRESTIGE HOME HEALTH SERVICES, CORP. | | | |  | |
| Principal Place of Business 7220 NW 36TH ST., STE. #622 MIAMI, FL 33166 | | | Mailing Address 7220 NW 36TH ST., STE. #622 MIAMI, FL 33166 | | |
| 2. Principal Place of Business 7220 NW 36th St | | 3. Mailing Address Same | |  01042006 Chg-P CR2E034 (11/05) | |
| Suite, Apt. #, etc. Suite 307-A | | Suite, Apt. #, etc. 307 A | | | |
| City & State Same | | City & State Same | | | |
| Zip 33166 | | Country Same | | | |
| 4. FEI Number 35-2231792 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent MEDEROS, DAISY 4761 N.W. 190TH STREET MIAMI, FL 33055 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | | V ALVAREZ, MARISOL 1905 WEST 54TH ST. #E110 HIALEAH, FL 33010 | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | S BASULTO, MARLENE 25971 S.W. 133RD CT. MIAMI, FL 33032 | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | P MEDEROS, DAISY 4761 N.W. 190TH STREET MIAMI, FL 33055 | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | (Empty) | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | (Empty) | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | (Empty) | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | (Empty) | | <input type="checkbox"/> Delete | |
| 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:  | | | | Date: 1/5/06 (305) 468-9017 | |