

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084939

FILED
Feb 18, 2008
Secretary of State

Entity Name: GODSEND HEALTH SERVICE INC.

Current Principal Place of Business:

15715 SW SOUTH DIXIE HWY
322
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15715 SW SOUTH DIXIE HWY
322
MIAMI, FL 33157

New Mailing Address:

FEI Number: 36-4555393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBRAHIM, PURA
309 NW 36TH CT
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

IBRAHIM, PURA
2110 SW 38 TERRACE
CAPE CORAL, FL 33914 US

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: PURA IBRAHIM

02/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IBRAHIM, PURA
Address: 309 NW 36TH CT
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IBRAHIM, PURA
Address: 2110 SW 38 TERRACE
City-St-Zip: CAPE CORAL, FL 33914

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: PURA IBRAHIM

PD

02/18/2008

Electronic Signature of Signing Officer or Director

Date