2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90027 048 ***158.75

DOCUMENT # P04000091465

1. Entity Name
PREFERRED HOME HEALTH AGENCY INC.

Principal Place of Business
6555 NW 36TH ST SUITE B 303
VIRGINIA GARDENS, FL 33166

Mailing Address
6555 NW 36TH ST SUITE B 303
VIRGINIA GARDENS, FL 33166

4U094445

03072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8550, W. Flagler St	8550 W. Flagler St.
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State: Miami, FL	City & State: Miami FL
Zip: 33144 Country: USA	Zip: 33144 Country: USA

4. FEI Number: 20-1243280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDOSO, YOANNER R.
~~6555 NW 36TH ST SUITE B 303~~
~~VIRGINIA GARDENS, FL 33166~~

7. Name and Address of New Registered Agent

Name: Yoanner R. Cardoso
Street Address (P.O. Box Number is Not Acceptable): 8550 W. Flagler St. #103
City: Miami FL Zip Code: 33144

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARDOSO, YOANNER R		NAME	
STREET ADDRESS	6555 NW 30 ST, SUITE B-303		STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: ______________________________ 3/6/08 305-223-6240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #