2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P04000102450

Entity Name: K L M @ HOME CARE, INC.

Current Principal Place of Business:

1000 PONCE DE LEON
SUITE 304
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1000 PONCE DE LEON
SUITE 304
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1621026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARRECHEA, KARLA
1408 BRICKELL BAY DRIVE #109
MIAMI, FL 33131 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: D ( ) Delete
Name: URIA, LILIA
Address: 5500 SW 80TH ST.
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: ARRECHEA, KARLA
Address: 1408 BRICKELL BAY DR, APT 109
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: KARLA ARRECHEA D 04/28/2005

Electronic Signature of Signing Officer or Director Date