## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000129994

5418 SW 89TH PL

City-St-Zip: MIAMI, FL 33165

Address:

Entity Name: DAYLA HOME HEALTH CARE AGENCY, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
13755 SW MIAMI, FL	139TH CT 33196				
Current Mailing Address:			New Mailing Address:		
13755 SW MIAMI, FL	139TH CT 33196				
FEI Number	: 20-1621576	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent					
PRADO, L 13755 SW MIAMI, FL	139TH CT				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( PRADO, LAYM 10721 SW 66T MIAMI, FL 331	'H TERR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DV (	) Delete	Title:	( ) Change ( ) Addition	

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: LAYMI PRADO PRES 04/29/2005