2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# P04000135149

Entity Name: MAYA HOME HEALTH CARE, CORP.

Current Principal Place of Business:

930 HIALEAH DR., STE. #2
HIALEAH, FL 33010

New Principal Place of Business:

126 EAST 49 STREET
HIALEAH, FL 33013

Current Mailing Address:

930 HIALEAH DR., STE. #2
HIALEAH, FL 33010

New Mailing Address:

126 EAST 49 STREET
HIALEAH, FL 33013

FEI Number: 20-1684299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRETO, LISETT
126 E. 49TH ST
HIALEAH, FL 33013 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARRETO, LISETT
Address: 126 E. 49TH ST
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LISETTE BARRETO PD 05/09/2008

Electronic Signature of Signing Officer or Director Date