2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005
Secretary of State

DOCUMENT# P04000153872

Entity Name: BEST CHOICE HOME HEALTH CARE INC

Current Principal Place of Business:

1710 NW 7TH STREET
SUITE 207
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1710 NW 7TH STREET
SUITE 207
MIAMI, FL 33125

New Mailing Address:

FEI Number: 20-1869691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, LEOPOLDO L
1017 NW 7TH STREET
SUITE 207
MIAMI, FL 33125 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: PD ( ) Delete
Name: PEREZ, LEOPOLDO L
Address: 1710 NW 7TH STREET SUITE 207
City-St-Zip: MIAMI, FL 33125

Title: VPD ( ) Delete
Name: PEREZ, LILIANA
Address: 1710 NW 7TH STREET SUITE 207
City-St-Zip: MIAMI, FL 33125

Title: SD ( ) Delete
Name: AMADOR, ELDA
Address: 1710 NW 7TH STREET SUITE 207
City-St-Zip: MIAMI, FL 33125

Title: TD ( ) Delete
Name: PEREZ, CESAR
Address: 1710 NW 7TH STREET SUITE 207
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LEOPOLDO L PEREZ PD 03/07/2005

Electronic Signature of Signing Officer or Director — Date