

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000171603

Entity Name: EL PALMAR HOME CARE INC.

FILED
Oct 14, 2005
Secretary of State

Current Principal Place of Business:

167 EAST 16TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

167 EAST 16TH STREET
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-0260937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, MARIA
167 EAST 16TH STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

CHAVEZ, BEATRIZ Y
167 EAST 16TH STREET
HIALEAH, FL 33010 US

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: BEATRIZ CHAVEZ

10/14/2005

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: P () Delete
Name: CHAVEZ, BEATRIZ Y
Address: 167 EAST 16TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: VP (X) Delete
Name: FLORES, MARIA
Address: 167 EAST 16TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: SECR (X) Delete
Name: GIRALDO, MARIA N
Address: 167 EAST 16TH STREET
City-St-Zip: HIALEAH, FL 33010

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:

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: BEATRIZ CHAVEZ

P

10/14/2005

Electronic Signature of Signing Officer or Director

Date