


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90372 050 ***150.00

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DOCUMENT # P05000001803					
1. Entity Name D & D HOME HEALTH CARE, INC					
Principal Place of Business 15204 SW 20 LN MIAMI, FL 33185 US			Mailing Address 15204 SW 20 LN MIAMI, FL 33185 US		
2. Principal Place of Business 2450 SW 137 Ave. Suite, Apt. #, etc. #235 City & State Miami, FL Zip 33175		3. Mailing Address 2450 SW 137 Ave. Suite, Apt. #, etc. #235 City & State Miami, FL Zip 33175		Country USA	
Country USA		Country USA		4. FEI Number 20-2107253	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAMIREZ, DEBORAH 15204 SW 20 LN MIAMI, FL 33185			7. Name and Address of New Registered Agent Name: DEBORAH RAMIREZ Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 Ave. Suite #235 City: Miami FL Zip Code 33175		
8. 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. I am familiar with, and accept the obligations of a registered agent. SIGNATURE: <i>Deborah Ramirez</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.VP RAMIREZ, DEBORAH 15204 SW 20 LN MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP RAMIREZ DEBORAH 2450 SW 137 Ave. Suite #235 Miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Deborah Ramirez</i>		DEBORAH RAMIREZ		02/07/06 305-480-7539	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	