
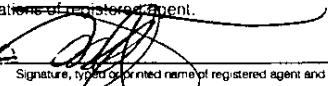
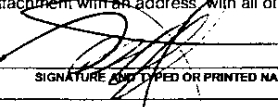


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000036541					
1. Entity Name SANTA CLARA HOME HEALTH INC.					
Principal Place of Business 2742 SW 8 STREET 8 MIAMI FL 33135			Mailing Address 2742 SW 8 STREET 8 MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 5601 COLLINS AVE Suite, Apt. #, etc. CU-1			3. Mailing Address SAME Suite, Apt. #, etc.		
City & State MIAMI BEACH FL			City & State		
Zip 33140		Country USA		4. FEI Number 20-2524439	
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 VALDES, JUAN ANTONIO 2742 SW 8 STREET 8 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name: MERIDA PEREZ Street Address (P.O. Box Number is Not Acceptable): 5601 COLLINS AVE Suite CU-1 City: MIAMI BEACH FL Zip Code: 33140		
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 registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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: P NAME: VALDES, JUAN ANTONIO STREET ADDRESS: 2742 SW 8 STREET SUITE #8 CITY-ST-ZIP: MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete		TITLE: P NAME: MERIDA PEREZ STREET ADDRESS: 5601 COLLINS AVE SUITE CU-1 CITY-ST-ZIP: MIAMI BEACH FL 33140	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

FILED

07 APR 10 PM 12:35

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



04092007 Chg-P CR2E034 (12/06)