

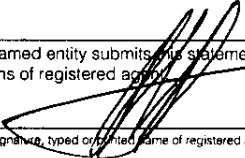
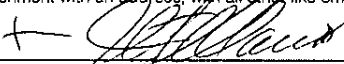


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000051274 1. Entity Name LOVABLE HOME HEALTH SERVICES, CORP.						 06 DEC 11 2006 2:1	
Principal Place of Business 848 BRICKELL AVE. #630 MIAMI, FL 33129				Mailing Address 848 BRICKELL AVE. #630 MIAMI, FL 33129			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0387968				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEREZ, ANTONIO 888 BRICKELL AVE. #630 MIAMI, FL 33129				7. Name and Address of New Registered Agent Name ROBERTO MATUS Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8th street # 2110 City MIAMI FL Zip Code 33130			
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 				DATE 12/5/06			
Amended AR is \$61.25				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	PD PEREZ, ANTONIO <input checked="" type="checkbox"/> Delete 888 BRICKELL AVE. #630 MIAMI, FL 33129			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAGALY VIERA 888 BRICKELL AV. #630 MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRISTINA RAMOS 888 BRICKER AV. # 630 MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY SANDRA FERNANDEZ 888 BRICKELL AV. #630 MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER CRISTINA C HAGALY VIERA 888 BRICKELL AV. #630 MIAMI, FL 33129		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			800082412108 12/11/06--01005--008 **70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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: 				Date 12/5/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305-374-6700			