

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000051274

FILED  
Sep 12, 2007  
Secretary of State

Entity Name: LOVABLE HOME HEALTH SERVICES CORP.

## Current Principal Place of Business:

848 BRICKELL AVE. #630  
MIAMI, FL 33129

## New Principal Place of Business:

## Current Mailing Address:

848 BRICKELL AVE. #630  
MIAMI, FL 33129

## New Mailing Address:

FEI Number: 20-0387968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMOS, CRISTINA  
848 BRICKELL AVE. #630  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

PEREZ, ANTONIO  
848 BRICKELL AVE. #630  
MIAMI, FL 33131 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: ANTONIO PEREZ

09/12/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAGALY, VIERA  
Address: 848 BRICKELL AVE. #630  
City-St-Zip: MIAMI, FL 33129

Title: VPST (X) Delete  
Name: RAMOS, CRISTINA  
Address: 848 BRICKELL AVE. #630  
City-St-Zip: MIAMI, FL 33129

Title: S (X) Delete  
Name: FERNANDEZ, SANDRA  
Address: 888 BRICKELL AVE., #630  
City-St-Zip: MIAMI, FL 33129

Title: T (X) Delete  
Name: MAGALY VIERA, CHRISTINA  
Address: 888 BRICKELL AVE., #630  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: PEREZ, ANTONIO  
Address: 848 BRICKELL AVE. #630  
City-St-Zip: MIAMI, FL 33129

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 exemption stated 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 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: ANTONIO PEREZ

DPS

09/12/2007

Electronic Signature of Signing Officer or Director

Date