

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90056 047 ***550.00

DOCUMENT # P05000054407

1. Entity Name
ALL WAYS HOMECARE, INC.



Principal Place of Business
**299 ALHAMBRA CIR
SUITE 420
CORAL GABLES, FL 33134**

Mailing Address
**299 ALHAMBRA CIR
SUITE 420
CORAL GABLES, FL 33134**

40117104



2. Principal Place of Business - No P.O. Box #
299 ALHAMBRA Circle

3. Mailing Address
299 ALHAMBRA Circle

Suite, Apt. #, etc.
320

Suite, Apt. #, etc.
Suite 320

05072007 Chg-P CR2E034 (12/06)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
20-2696236

Applied For
☐ Not Applicable

Zip
33134

Country

Zip
33134

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, BAILEY PLLC
201 ALHAMBRA CIR
SUITE 711
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MATHE, ATTILA
299 ALHAMBRA CIR SUITE 420
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SUAREZ, VICTORIA
299 ALHAMBRA CIR SUITE 420
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SUAREZ, GLENN
299 ALHAMBRA CIR SUITE 420
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

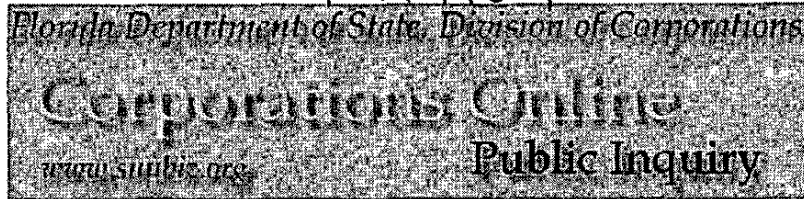
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40117104



Florida Profit

ALL WAYS HOMECARE, INC.

PRINCIPAL ADDRESS

299 ALHAMBRA CIR
 SUITE 420
 CORAL GABLES FL 33134
 Changed 06/09/2006

MAILING ADDRESS

299 ALHAMBRA CIR
 SUITE 420
 CORAL GABLES FL 33134
 Changed 06/09/2006

Document Number
 P05000054407

FEI Number
 202696236

Date Filed
 04/13/2005

State
 FL

Status
 ACTIVE

Effective Date
 04/13/2005

Registered Agent

Name & Address
WOLFE, BAILEY PLLC 201 ALHAMBRA CIR SUITE 711 CORAL GABLES FL 33134
Name Changed: 06/09/2006
Address Changed: 06/09/2006

Officer/Director Detail

Name & Address	Title
MATHE, ATTILA 299 ALHAMBRA CIR SUITE 420 CORAL GABLES FL 33134	PD
SUAREZ, VICTORIA 299 ALHAMBRA CIR SUITE 420	VPD