

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054407

Entity Name: ALL WAYS HOMECARE, INC.

FILED
May 21, 2008
Secretary of State

Current Principal Place of Business:

299 ALHMBRA CIR
SUITE 320
CORAL GABLES, FL 33134

Current Mailing Address:

299 ALHMBRA CIR
SUITE 320
CORAL GABLES, FL 33134

New Principal Place of Business:

4990 SW 72ND AVE
SUITE 103
MIAMI, FL 33155

New Mailing Address:

4990 SW 72ND AVE
SUITE 103
MIAMI, FL 33155

FEI Number: 20-2696236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHE, ATTILA
Address: 299 ALHAMBRA CIR SUITE 420
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: SUAREZ, VICTORIA
Address: 299 ALHAMBRA CIR SUITE 420
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: SUAREZ, GLENN
Address: 299 ALHAMBRA CIR SUITE 420
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATHE, ATTILA
Address: 4990 SW 72ND AVE SUITE 103
City-St-Zip: MIAMI, FL 33155

Title: VPD (X) Change () Addition
Name: SUAREZ, VICTORIA
Address: 4990 SW 72ND AVE SUITE 103
City-St-Zip: MIAMI, FL 33155

Title: STD (X) Change () Addition
Name: SUAREZ, GLENN
Address: 4990 SW 72ND AVE SUITE 103
City-St-Zip: MIAMI, FL 33155

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: ATTILA MATHE

PD

05/21/2008

Electronic Signature of Signing Officer or Director

Date