2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007
Secretary of State

DOCUMENT# P05000055412

Entity Name: HELPING HANDS REHAB & HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

4485 N.W 36 STREET
SUITE 12
MIAMI, FL 33166 US

New Principal Place of Business:

11262 SW 73 TERRACE
MIAMI, FL 33173 US

Current Mailing Address:

4485 N.W 36 STREET
SUITE
MIAMI, FL 33166 US

New Mailing Address:

11262 SW 73 TERRACE
MIAMI, FL 33173 US

FEI Number: 20-2694845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLA, DAMIAN
4485 N.W 36 STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

CASTILLA, DAMIAN
11262 SW 73 TERRACE
MIAMI, FL 33173 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: 08/30/2007
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: P ( ) Delete
Name: CASTILLA, DAMIAN
Address: 1581 SW 191 LANE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Delete
Name: APAZA, ROSARIO P
Address: 10449 SW 210 TERR
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CASTILLA, DAMIAN
Address: 11262 SW 73 TERRACE
City-St-Zip: MIAMI, FL 33173

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: DAMIAN CASTILLA P 08/30/2007
Electronic Signature of Signing Officer or Director Date