2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000058082

Entity Name: HOMESTEAD THERAPEUTIC CARE INC.

Current Principal Place of Business:

449 NORTH KROME AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

7105 SW 8 STREET
SUITE 306
MIAMI, FL 33144 US

New Mailing Address:

449 NORTH KROME AVE
HOMESTEAD, FL 33030 US

FEI Number: 42-1666619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEARMAS, CYNTHIA
449 NORTH KROME AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

DE ARMAS, CYNTHIA
449 NORTH KROME AVE
HOMESTEAD, FL 33030 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: CYNTHIA DE ARMAS 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: DEARMAS, CYNTHIA
Address: 449 NORTH KROME AVE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D (X) Delete
Name: DEARMAS, CYNTHIA
Address: 449 NORTH KROME AVE
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: DE ARMAS, CYNTHIA
Address: 449 NORTH KROME AVE
City-St-Zip: HOMESTEAD, FL 33030 US

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: CYNTHIA DE ARMAS PSD 04/16/2009
Electronic Signature of Signing Officer or Director Date