2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# P05000063100

Entity Name: "ANGIE" HOME HEALTH CARE INC

Current Principal Place of Business:

7620 SW 19TH STREET
MIAMI, FL 33155

New Principal Place of Business:

2500 NW 79TH AVE STE 181
DORAL, FL 33122

Current Mailing Address:

7620 SW 19TH STREET
MIAMI, FL 33155

New Mailing Address:

2500 NW 79TH AVE STE 181
DORAL, FL 33122

FEI Number: 20-3295037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISABEL SIAS, LIBIA
7620 SW 19TH STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ISABEL SIAS, LIBIA
7620 SW 19 ST
MIAMI, FL 33155 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: LIBIA ISABEL SIAS 03/02/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIAS, LIBIA ISABEL
Address: 7620 SW 19TH STREET
City-St-Zip: MIAMI, FL 33155

Title: S ( ) Delete
Name: HERNANDEZ, LUIS B
Address: 2270 W. 54 PL., APT.4
City-St-Zip: HIALEAH, FL 33016

Title: V ( ) Delete
Name: SIAS, ROBERT C
Address: 7620 SW 19TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LIBIA ISABEL SIAS PD 03/02/2006
Electronic Signature of Signing Officer or Director Date