


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000063649</b>		
1. Entity Name <b>EMBASSY HOME CARE INC</b>		
Principal Place of Business <b>6093 NW 9TH COURT MARGATE, FL 33063</b>	Mailing Address <b>10510 SW 127TH AVENUE MIAMI, FL 33186</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HARPAUL, ROSELLA 10510 SW 127TH AVENUE MIAMI, FL 33186</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		000000912846 05/07/08-80096-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARPAUL, ROSELLA 11520 SW 108TH AVENUE MIAMI, FL 33176	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY HARPAUL, ROSELLA 11520 SW 108TH AVENUE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPAUL, ROSELLA 11520 SW 108TH AVENUE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMNARINE, BEVERLY 10900 SW 177TH TERRACE MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Rosella Harpaul</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/16/08</u> <u>(305) 255-8158</u> <small>Date Daytime Phone #</small>