

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063649

Entity Name: EMBASSY HOME CARE INC

FILED  
Apr 07, 2009  
Secretary of State

## Current Principal Place of Business:

6093 NW 9TH COURT  
MARGATE, FL 33063

## New Principal Place of Business:

## Current Mailing Address:

10510 SW 127TH AVENUE  
MIAMI, FL 33186

## New Mailing Address:

FEI Number: 75-3189945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARPAUL, ROSELLA  
10510 SW 127TH AVENUE  
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARPAUL, ROSELLA  
Address: 11520 SW 108TH AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: SECY ( ) Delete  
Name: HARPAUL, ROSELLA  
Address: 11520 SW 108TH AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: T ( ) Delete  
Name: HARPAUL, ROSELLA  
Address: 11520 SW 108TH AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: RAMNARINE, BEVERLY  
Address: 10900 SW 177TH TERRACE  
City-St-Zip: MIAMI, FL 33157

## 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:

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: ROSELLA HARPAUL

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date