

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068339

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: 1ST CLASS HOME HEALTH, INC.

## Current Principal Place of Business:

7105 SW 8TH ST., STE. 201  
MIAMI, FL 33144

## New Principal Place of Business:

8660 WEST FLAGLER STREET  
121  
MIAMI, FL 33144 US

## Current Mailing Address:

7105 SW 8TH ST., STE. 201  
MIAMI, FL 33144

## New Mailing Address:

8660 WEST FLAGLER STREET  
121  
MIAMI, FL 33144

FEI Number: 52-2459433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASOLA, ANGEL  
7105 SW 8TH ST., STE. 201  
MIAMI, FL 33144 US

## Name and Address of New Registered Agent:

BASILIO, JOSE D  
1414 NW 107 AVE  
206  
MIAMI, FL 33172 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: JOSE D BASILIO

03/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASOLA, ANGEL  
Address: 7105 SW 8TH ST., STE. 201  
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Delete  
Name: PLACERES, MAYELIN  
Address: 7105 SW 8TH ST., STE. 201  
City-St-Zip: MIAMI, FL 33144

Title: S ( ) Delete  
Name: PLACERES, MAYELIN  
Address: 7105 SW 8TH ST., STE. 201  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CASOLA, ANGEL  
Address: 8660 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

Title: VP (X) Change ( ) Addition  
Name: PLACERES, MAYELIN  
Address: 8660 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

Title: S (X) Change ( ) Addition  
Name: PLACERES, MAYELIN  
Address: 8660 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33144

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: ANGEL CASOLA

P

03/05/2007

Electronic Signature of Signing Officer or Director

Date