2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P05000068339

Entity Name: 1ST CLASS HOME HEALTH, INC.

Current Principal Place of Business:

8660 WEST FLAGLER STREET
121
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

8660 WEST FLAGLER STREET
121
MIAMI, FL 33144

New Mailing Address:

8660 WEST FLAGLER STREET
121
MIAMI, FL 33144 US

FEI Number: 52-2459433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BASILIO, JOSE D
1414 NW 107 AVE
206
MIAMI, FL 33172 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: CASOLA, ANGEL
Address: 8660 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CASOLA, ANGEL
Address: 3401 SW 11 STREET APT # 2-A
City-St-Zip: MIAMI, FL 33135 US

Title: VP (X) Change ( ) Addition
Name: PLACERES, MAYELIN
Address: 3401 SW 11 STREET APT # 2-A
City-St-Zip: MIAMI, FL 33135 US

Title: S (X) Change ( ) Addition
Name: PLACERES, MAYELIN
Address: 3401 SW 11 STREET APT # 2-A
City-St-Zip: MIAMI, FL 33135 US

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: ANGEL CASOLA P 04/28/2008
Electronic Signature of Signing Officer or Director Date