

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068339

Entity Name: 1ST CLASS HOME HEALTH, INC.

FILED
Apr 23, 2009
Secretary of State

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 US

New Mailing Address:

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:

CASOLA, ANGEL
8660 WEST FLAGLER STREET
121
MIAMI, FL 33144 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: ANGEL CASOLA

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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 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

04/23/2009

Electronic Signature of Signing Officer or Director

Date