2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# P05000079755

Entity Name: PABEL HOME HEALTH CARE, INC.

Current Principal Place of Business:

5901 N.W. 151ST ST.
SUITE 216
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5901 N.W. 151ST ST.
SUITE 216
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-2959751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, ELIER
1540 NW 191 ST
110
MIAMI, FL 33179 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: RODRIGUEZ, ELIER
Address: 6925 W 36 AVE - # 205
City-St-Zip: HIALEAH, FL 33018

Title: VP ( ) Delete
Name: CHILE, BELKIS
Address: 6925 W 36 AVE - # 205
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: BELKIS CHILE VP 02/01/2006

Electronic Signature of Signing Officer or Director — Date