

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079755

FILED  
Apr 10, 2008  
Secretary of State

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:

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

## Current Mailing Address:

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

## New Mailing Address:

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

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  
2311 WEST 78 STREET  
HIALEAH, FL 33016 US

## Name and Address of New Registered Agent:

RODRIGUEZ, ELIER  
1125 WEST 35 STREET  
HIALEAH, FL 33012 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:

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RODRIGUEZ, ELIER  
Address: 2311 WEST 78 STREET  
City-St-Zip: HIALEAH, FL 33016

Title: VP ( ) Delete  
Name: CHILE, BELKIS  
Address: 2479 WEST 73RD PLACE  
City-St-Zip: HIALEAH, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RODRIGUEZ, ELIER  
Address: 1125 WEST 35 STREET  
City-St-Zip: HIALEAH, FL 33012

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: ELIER RODRIGUEZ

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date