2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2006
Secretary of State

DOCUMENT# P05000083609

Entity Name: JUANITA HOME HEALTH CARE CORP

Current Principal Place of Business:

2775 W OKEECHOBEE RD
LOT 19
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

2775 W OKEECHOBEE RD
LOT 19
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 03-0575806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUIS, JUANA M
2775 WEST OKEECHOBEE RD
LOT 19
HIALEAH, FL 33010 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: JUANA MARIA LUIS
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LUIS, JUANA M
Address: 2775 WEST OKEECHOBEE RD LOT 19
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JUANA MARIA LUIS P 10/07/2006
Electronic Signature of Signing Officer or Director Date