

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000105882

FILED
Sep 04, 2006
Secretary of State**Entity Name:** J & B HOME HEALTH AGENCY, INC**Current Principal Place of Business:**13311 SW 124 ST
MIAMI, FL 33186**New Principal Place of Business:**13321 SW 124 ST
MIAMI, FL 33186**Current Mailing Address:**13311 SW 124 ST
MIAMI, FL 33186**New Mailing Address:**13321 SW 124 ST
MIAMI, FL 33186**FEI Number:** 20-3261967**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PERAZA, CRISTOBAL J
946 NW 135TH COURT
MIAMI, FL 33182 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: PERAZA, CRISTOBAL J
Address: 946 NW 135TH COURT
City-St-Zip: MIAMI, FL 33182**Title:** V () Delete
Name: TORRES, BLANCA R
Address: 11370 SW 143 CT
City-St-Zip: MIAMI, FL 33186**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: CRISTOBAL PERAZA

P

09/04/2006

Electronic Signature of Signing Officer or Director

Date