

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110908

FILED
Jan 05, 2009
Secretary of State

Entity Name: HEALTHY HOME HEALTH CARE INC

Current Principal Place of Business:

1840 WEST 49TH STREET
SUITE 729
HIALEAH, FL 33012

New Principal Place of Business:

5795B NW 151ST STREET
MIAMI LAKES, FL 33014

Current Mailing Address:

1840 WEST 49TH STREET
SUITE 729
HIALEAH, FL 33012

New Mailing Address:

5795B NW 151ST STREET
MIAMI LAKES, FL 33014

FEI Number: 20-3292422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, ANDRES
1840 WEST 49TH STREET
SUITE 729
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

MENDEZ, ANDRES
5795B NW 151ST STREET
MIAMI LAKES, FL 33014 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: ANDRES MENDEZ

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDEZ, ANDRES
Address: 1840 WEST 49TH STREET SUITE 729
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDEZ, ANDRES
Address: 5795B NW 151ST STREET
City-St-Zip: MIAMI LAKES, FL 33014

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: ANDRES MENDEZ

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date