

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000123102

Entity Name: FLORIDIAN HOME CARE AGENCY, INC.

FILED
Oct 23, 2007
Secretary of State

Current Principal Place of Business:

7098 BONITA DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

7098 BONITA DRIVE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 42-1682386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRULLENQUE, ANTHONY L ESQ.
7098 BONITA DRIVE
MIAMI BEACH, FL 33141 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: VP/S (X) Delete
Name: FIDALGO, JOSE M
Address: 7441 WAYNE AVENUE, #12A
City-St-Zip: MIAMI BEACH, FL 33141

Title: PR/T () Delete
Name: TRULLENQUE, ANTHONY L
Address: 7098 BONITA DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change () Addition
Name: TRULLENQUE, ANTHONY L
Address: 7098 BONITA DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

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: ANTHONY L. TRULLENQUE

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10/23/2007

Electronic Signature of Signing Officer or Director

Date