

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124458

FILED  
Jul 13, 2007  
Secretary of State

Entity Name: PROFESSIONAL HOME CARE SOLUTIONS INC

## Current Principal Place of Business:

1332 WEST FLAGLER STREET  
SUITE 1  
MIAMI, FL 33125 US

## New Principal Place of Business:

7174 SW 47TH STREET  
SUITE 7174  
MIAMI, FL 33155 US

## Current Mailing Address:

1332 WEST FLAGLER STREET  
SUITE 1  
MIAMI, FL 33125 US

## New Mailing Address:

7174 SW 47TH STREET  
SUITE 7174  
MIAMI, FL 33155 US

FEI Number: 20-3452859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LUIS, WILFREDO  
3736 SW 107 COURT  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

LUIS, WILFREDO  
6940 SW 90TH STREET  
MIAMI, FL 33156 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:

07/13/2007

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: PD ( ) Delete  
Name: LUIS, WILFREDO  
Address: 3736 SW 107 COURT  
City-St-Zip: MIAMI, FL 33165 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LUIS, WILFREDO  
Address: 6940 SW 90TH STREET  
City-St-Zip: MIAMI, FL 33156 US

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: WILFREDO LUIS

PD

07/13/2007

Electronic Signature of Signing Officer or Director

Date