2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124458

Entity Name: PROFESSIONAL HOME CARE SOLUTIONS INC

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
7174 SW 47TH SUITE 7174 MIAMI, FL 331					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
7174 SW 47TH SUITE 7174 MIAMI, FL 331					
FEI Number: 20-3	452859	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LUIS, WILFREI 6940 SW 90TH MIAMI, FL 331	STREET				
The above namin the State of F		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:					
•	Electron	c Signature of Registered Age	ent	Date	
Election Campaig	ın Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	() S, WILFRED IO SW 90TH		Title: (Name: Address) Change ()Addition	

City-St-Zip: MIAMI, FL 33156 US

City-St-Zip:

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 01/21/2009