

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000126640

Entity Name: IFA UNIVERSAL HOME CARE INC.

FILED
Nov 14, 2006
Secretary of State

Current Principal Place of Business:

865 W 69 PLACE
HIALEAH, FL 33014

New Principal Place of Business:

6363 TAFT STREET
203
HOLLYWOD, FL 33024

Current Mailing Address:

865 W 69 PLACE
HIALEAH, FL 33014

New Mailing Address:

6363 TAFT STREET
203
HOLLYWOOD, FL 33024

FEI Number: 06-3829088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIERMO, EDUARDO
865 W 69 PLACE
HIALEAH, FL 33014 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: EDUARDO LIERMO

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: D () Delete
Name: LIERMO, EDUARDO
Address: 865 W 69 PLACE
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: SOTO, ASTEFANIA
Address: 2587 W 71 PL
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LIERMO, EDUARDO
Address: 865 W 69 PLACE
City-St-Zip: HIALEAH, FL 33014

Title: DVP (X) Change () Addition
Name: SOTO, ASTEFANIA
Address: 2587 W 71 PL
City-St-Zip: HIALEAH, FL 33016

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: EDUARDO LIERMO

DP

11/14/2006

Electronic Signature of Signing Officer or Director

Date