## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000126640

Entity Name: IFA UNIVERSAL HOME CARE INC.

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6363 TAFT 203	STREET				
	OOD, FL 3302	24			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6363 TAFT 203					
HOLLYWC	OOD, FL 3302	24			
FEI Number:	06-3829088	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of (	Current Registered Agent:	Name and Address o	ame and Address of New Registered Agent:	
LIERMO, E 865 W 69 I HIALEAH, The above	PLACE FL 33014	US submits this statement for the	e purpose of changing its registere	d office or registered agent, or both,	
	of Florida.		- F - F - F - F - F - F - F - F - F - F		
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	npaign Financin	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( LIERMO, EDU 865 W 69 PLA HIALEAH, FL 3	CE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVP ( SOTO, ASTEF, 2587 W 71 PL HIALEAH, FL 3		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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 03/15/2007