

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130393

FILED
Feb 10, 2006
Secretary of State

Entity Name: AG HOME HEALTH CARE AGENCY, INC.

Current Principal Place of Business:

9880 NW 77TH AVE
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

9500 NW 77 AVE
25
HIALEAH GARDENS, FL 33016

Current Mailing Address:

9880 NW 77TH AVE
HIALEAH GARDENS, FL 33016

New Mailing Address:

9500 NW 77 AVE
25
HIALEAH GARDENS, FL 33016

FEI Number: 20-3548261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREJON, JORGE
9880 NW 77TH AVE
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

MOREJON, JORGE
9500 NW 77 AVE
25
HIALEAH GARDENS, FL 33016 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: JORGE MOREJON

02/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOREJON, JORGE
Address: 9880 NW 77TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VP (X) Delete
Name: VALDEZ, YURI
Address: 9880 NW 77TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: S (X) Delete
Name: FUENTEFRIA, SANDRA
Address: 9880 NW 77TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: T (X) Delete
Name: RODRIGUEZ, PATRICIA
Address: 9880 NW 77TH AVE
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: MOREJON, JORGE
Address: 9500 NW 77 AVE SUITE 25
City-St-Zip: HIALEAH GARDENS, FL 33016

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

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

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

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: JORGE MOREJON

PDT

02/10/2006

Electronic Signature of Signing Officer or Director

Date