

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-18-2007 90208 001 ***300.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000131267 1. Entity Name HOSANNA HOMECARE SERVICES INC.	
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Principal Place of Business 160 NW 176TH ST #207 MIAMI, FL 33169	Mailing Address 160 NW 176TH ST #207 MIAMI, FL 33169
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66019316



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3829080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

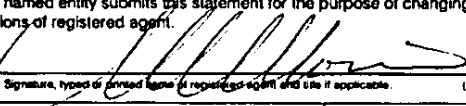
6. Name and Address of Current Registered Agent

MORIN, MARIE M
14855 SW 39TH CT.
MIRAMAR, FL 33027

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE



(NOTE: Registered Agent signature required when reissuing)

6-01-07
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORIN, MARIE M
STREET ADDRESS	14855 SW 39 CT
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	AUGUSTIN, JACKSON
STREET ADDRESS	9491 PALM CIRCLE SOUTH SUITE 208
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	D
NAME	DENORD, LUCKNER C MR.
STREET ADDRESS	9721 SW 213 TER
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

6-01-07
305.766.2620

ATTACHMENT

66019316
#P05000131267



Hosanna Home Care Services, Inc.

Caring is our Passion.

160 Northwest 176th Street
Suite 207,
Bldg Kennedy Plaza
Miami, Florida 33169
Tel: 305-770-0089
Fax: 305-770-0030
Website: www.hosannahealth.com
info@hosannahealth.com

May 3, 2007

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

As per a conversation with an Examiner, I was unable to process the annual report file online for these corporations. On April 30, The system says: "Error -3020", "Error -3013", and "We are sorry but the public Access System is unable to process". Immediately, I sent a message via email. The next day, I called but the line sounds busy all the time. However, still today there was no answer to know what to do. I appreciate your assistance by phone.

Best regards,



Marie Maud Morin