

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139451

FILED
Mar 17, 2008
Secretary of State

Entity Name: B FRIENDS HOME HEALTH, INC.

Current Principal Place of Business:

8045 N.W. 36TH STREET
540
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8045 N.W. 36TH STREET
540
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 16-1736892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTEAVARO, BETSY
14842 SW 149 CT
MIAMI, FL 33196 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSALES, BELKIS
Address: 18706 SW 17 CT
City-St-Zip: MIRAMAR, FL 33029 US

Title: VP () Delete
Name: MONTEAVARO, BETSY
Address: 14842 SW 149 CT
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: BETSY MONTEAVARO

VP

03/17/2008

Electronic Signature of Signing Officer or Director

_____ Date