


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 008 ***150.00

DOCUMENT # P05000141041		
1. Entity Name FUTURE HOME HEALTH CARE, INC.		

Principal Place of Business 9300 NW 25 STREET 107 MIAMI, FL 33172	Mailing Address 9300 NW 25 STREET 107 MIAMI, FL 33172
----------------------------------------------------------------------------	----------------------------------------------------------------

40081769



2. Principal Place of Business - No P.O. Box # 1990 SW 1st Street	3. Mailing Address 1990 SW 1st Street
----------------------------------------------------------------------	------------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

03252008 Chg-P CR2E034 (12/06)

City & State Miami FL	City & State Miami
--------------------------	-----------------------

4. FEI Number 20-3642160	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

Zip 33135	Country Dade	Zip 33135	Country Dade
--------------	-----------------	--------------	-----------------

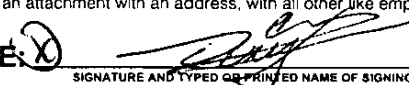
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent CRUZ, DUNIESKY 10311 SW 134 AVE MIAMI, FL 33186	
--------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ, DUNIESKY 10311 SW 134 AVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	