## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000148304

City-St-Zip: MIAMI, FL 33130

Entity Name: SWEET ANGEL HOME HEALTH CARE, INC.

FILED Jan 24, 2006 Secretary of State

Current Prir	ncipal Place of Business:	New Principal Place o	New Principal Place of Business:	
13380 SW 13 STE 117 MIAMI, FL 33		13380 SW 131 ST STE 117-A MIAMI, FL 33186		
Current Mai	ling Address:	New Mailing Address:	New Mailing Address:	
13380 SW 13 STE 117 MIAMI, FL 33		13380 SW 131 ST STE 117-A MIAMI, FL 33186		
FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and A	ddress of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GUZON, GIS 10 SW SOUT PII-04 MIAMI, FL 33	TH RIVER DR			
The above no in the State of	amed entity submits this statement for th of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATURE	E:			
	Electronic Signature of Registered A	Agent	Date	
Election Camp	aign Financing Trust Fund Contribution ( ).			
OFFICERS A	AND DIRECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: 0	P ( ) Delete GUZON, GISELE 10 SW SOUTH RIVER DR - PII-04	Title: ( Name: Address:	) Change ()Addition	

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: GISELE GUZON P 01/24/2006