

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90017 039 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 |                                                              |                                                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P06000007701</b><br>1. Entity Name<br><b>JIMENEZ HOME HEALTH CARE, CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                 |                                                              |                                  |                                                                   |
| Principal Place of Business<br><b>7160 SW 13 TERR<br/>MIAMI FL 33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                 | Mailing Address<br><b>7160 SW 13 TERR<br/>MIAMI FL 33144</b> |                                                                                                                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                    |                                                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                 | City & State                                                 |                                                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | Country                         |                                                              | 4. FEI Number<br><b>20-4108172</b>                                                                                |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                 |                                                              | Applied For<br>Not Applicable                                                                                     |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>JIMENEZ, RAFAEL<br/>7160 SW 13 TERR<br/>MIAMI FL 33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                 |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                               |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title, if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 |                                                              | DATE _____<br><small>(NOTE: Registered Agent signature required when monitoring)</small>                          |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 |                                                              | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                      |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                 |                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br>JIMENEZ, RAFAEL SR<br>850 NW 87 AV SUIT # 303<br>MIAMI FL 33172 | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP<br>MORALES, ILIANA<br>850 NW 87 AV SUIT # 303<br>MIAMI FL 33172   | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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. |                                                                      |                                 |                                                              |                                                                                                                   |                                                                   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                 |                                                              | Date: <b>03/14/07</b> (305) 266-2597<br><small>Office Phone #</small>                                             |                                                                   |