

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90032 023 ***158.75

DOCUMENT # P06000015451

1. Entity Name
Y & S HOME HEALTH SERVICES INC



Principal Place of Business Mailing Address
7105 SW 8TH ST, SUITE 309 **7105 SW 8TH ST, SUITE 309**
MIAMI, FL 33144 **MIAMI, FL 33144**

40043403



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7430 SW 41st **7430 SW 41st**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
100 **100**

03102008 Chg-P CR2E034 (12/06)

City & State City & State
Miami, FL **Miami, FL**
 Zip Zip Country Country
33155 **33155**

4. FEI Number Applied For
20-4237791 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TEJERA, SAHARA MRS
7105 SW 8TH ST, SUITE 309
MIAMI, FL 33144

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

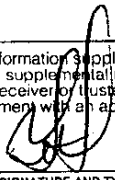
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TEJERA, SAHARA MRS	
STREET ADDRESS	7105 SW 8TH ST, SUITE 309	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OTERO, YOSLAINE MRS	
STREET ADDRESS	7405 SW 8TH ST, SUITE 309	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tejera, Sahara Mrs	
STREET ADDRESS	7430 SW 41st, Suite 100	
CITY-ST-ZIP	Miami FL 33155	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Otero, Yoslane Mrs	
STREET ADDRESS	7430 SW 41st, Suite 100	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Yoslane Otero** 03/11/08 (305) 269-1094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #