

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000018351

FILED
Aug 30, 2007
Secretary of State**Entity Name:** SAFE HOME HEALTH CARE AGENCY, INC.**Current Principal Place of Business:**13780 SW 26 ST STE 204
MIAMI, FL 33175**New Principal Place of Business:**2713 SW 142 AVE
MIAMI, FL 33175**Current Mailing Address:**13780 SW 26 ST STE 204
MIAMI, FL 33175**New Mailing Address:**2713 SW 142 AVE
MIAMI, FL 33175**FEI Number:** 20-4287031**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RUEDA, MARIA E
13780 SW 26 ST STE 204
MIAMI, FL 33175 US**Name and Address of New Registered Agent:**RUEDA, MARIA E
2713 SW 142 AVE
MIAMI, FL 33175 US

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: MARIA E RUEDAS

08/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P,D () Delete
Name: RUEDA, MARIA E
Address: 13780 SW 26 ST STE 204
City-St-Zip: MIAMI, FL 33175**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P,D (X) Change () Addition
Name: RUEDA, MARIA E
Address: 2713 SW 142 AVE
City-St-Zip: MIAMI, FL 33175

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: MARIA E RUEDAS

P,D

08/30/2007

Electronic Signature of Signing Officer or Director

Date