# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2007**
**Secretary of State**

DOCUMENT# P06000018778

**Entity Name:** ALL THE BEST HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

639 EAST OCEAN BLVD.
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

639 EAST OCEAN AVE
SUITE 403
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

639 EAST OCEAN BLVD.
BOYNTON BEACH, FL 33435

**New Mailing Address:**

639 EAST OCEAN AVE
SUITE 403
BOYNTON BEACH, FL 33435

**FEI Number: 20-4275238** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LIEF, DAVID
2806 NORTH 34TH AVENUE
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: LIEF, DAVID
Address: 2806 NORTH 34TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID LIEF D 04/29/2007
Electronic Signature of Signing Officer or Director Date