2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# P06000043787

Entity Name: MALIBU LOVE AND CARE HEALTHCARE AGENCY, INC.

Current Principal Place of Business:

6517 TAFT STREET
STE. 220
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

16000 PINES BLVD., #821493
PEMBROKE PINES, FL 33082-9239

New Mailing Address:

FEI Number: 16-1750312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, LAURNA
7161 PEMBROKE ROAD #600
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

MAYUNGBE, ALBERT
2967 SW 161 AVENUE
MIRAMAR, FL 33027 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: ALBERT MAYUNGBE 06/10/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: JAIPAUL, ELMINA
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: VT ( ) Delete
Name: ATHANASSOPOULOS, BEVERLY
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JAIPAUL, ELMINA
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: VP (X) Change ( ) Addition
Name: ATHANASSOPOULOS, BEVERLY
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: VP ( ) Change (X) Addition
Name: NICHOLAS, ROSEMARIE
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

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: ROSEMARIE NICHOLAS VP 06/10/2009
Electronic Signature of Signing Officer or Director Date