


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P06000047865</b>	
<b>1. Entity Name</b> TRANQUILITY HOME HEALTH SERVICES, INC.	

<b>Principal Place of Business</b> 1840 WEST 49TH STREET SUITE 522 HIALEAH, FL 33012	<b>Mailing Address</b> 1840 WEST 49TH STREET SUITE 522 HIALEAH, FL 33012
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01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-4635093	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

MACIAS, EMILIO  
1840 WEST 49TH STREET  
SUITE 522  
HIALEAH, FL 33012

**DO NOT WRITE IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> MACIAS, EMILIO
<b>STREET ADDRESS</b> 1840 WEST 49TH STREET #522	<b>CITY-ST-ZIP</b> HIALEAH, FL 33012
<b>TITLE</b> V	<b>NAME</b> RODRIGUEZ, ARACELI
<b>STREET ADDRESS</b> 1840 WEST 49TH STREET #522	<b>CITY-ST-ZIP</b> HIALEAH, FL 33012
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**DO NOT WRITE IN THIS SPACE**

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01/24/08-80030-023.150.00

**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:** *Emilio Macias By R.C.* **1/17/08** **(305) 267-1092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #