

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051767

FILED
Mar 15, 2007
Secretary of State

Entity Name: T & A HOME HEALTH CARE, INC.

Current Principal Place of Business:

3939 NW 7TH ST STE 205
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

3939 NW 7TH ST STE 205
MIAMI, FL 33126

New Mailing Address:

FEI Number: 03-0586415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, TERESA
3939 NW 7TH ST STE 205
MIAMI, FL 33126 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: DP () Delete
Name: ALVAREZ, TERESA
Address: 14216 SW 11TH TERR
City-St-Zip: MIAMI, FL 33148

Title: DV () Delete
Name: VALLE, GEORGINA
Address: 11114 NW 3RD ST
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: VALLE, GEORGINA
Address: 11114 NW 3RD ST
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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: TERESA ALVAREZ

DP

03/15/2007

Electronic Signature of Signing Officer or Director

Date