2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000054773

QUALITY LIFE HOME CARE CORP.



Principal Place of Business

4995 E 8TH AVE

HIALEAH, FL 33013

Mailing Address

4995 E 8TH AVE HIALEAH, FL 33013

FILED Apr 03, 2008 08:00 Al Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

03162008 CR2E034 (11/05) No Chg-P Applied For 4. FEI Number 20-4774669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

305.

6. Name and Address of Current Registered Agent

SALDARRIAGA, ISOLDA 4995 E 8TH AVE HIALEAH, FL 33013

SIGNATURE:

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)					
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	04/15/08-80009-005 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALDARRIAGA, ISOLDA 4995 E 8TH AVE HIALEAH, FL 33013				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ý	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
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.					

FPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR