2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

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Entity Name: SUPERSTAR HOME HEALTH CARE INC

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD, SUITE 2-G7
MIAMI, FL 33172

New Principal Place of Business:

175 FONTAINEBLEAU BLVD, SUITE 2G7
MIAMI, FL 33172

Current Mailing Address:

175 FONTAINEBLEAU BLVD, SUITE 2-G7
MIAMI, FL 33172

New Mailing Address:

175 FONTAINEBLEAU BLVD, SUITE 2G7
MIAMI, FL 33172

FEI Number: 20-4708740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SALAZAR, VIVIAN
175 FONTAINEBLEAU BLVD, SUITE 2-G7
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

SALAZAR, VIVIAN
175 FONTAINEBLEAU BLVD, SUITE 2G7
MIAMI, FL 33172 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: VIVIAN SALAZAR 04/05/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: SALAZAR, VIVIAN
Address: 175 FONTAINEBLEAU BLVD #2-G7
City-St-Zip: MIAMI, FL 33172

Title: P
Name: SALAZAR, VIVIAN
Address: 175 FONTAINEBLEAU BLVD, SUITE 2-G7
City-St-Zip: MIAMI, FL 33172

Title: VP
Name: ORAMA, MAYRISLEIDY
Address: 175 FONTAINEBLEAU BLVD, SUITE 2-G7
City-St-Zip: MIAMI, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: VIVIAN SALAZAR P 04/05/2010
Electronic Signature of Signing Officer or Director Date