


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000058387 1. Entity Name GOOD SHEPHERD HOME CARE SERVICES CORP.						FILED 07 JUL 18 AM 7:10 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 511 NW 40TH CT MIAMI, FL 33126				Mailing Address 511 NW 40TH CT MIAMI, FL 33126			
2. Principal Place of Business - No P.O. Box # 5710 NW 3RD Street				3. Mailing Address 5710 NW 3RD Street			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Miami, FL				City & State Miami, FL			
Zip 33126		Country USA		4. FEI Number 20-4974569		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DE LA CRUZ, HECTOR 511 NW 40TH CT MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5710 NW 3RD Street City Miami FL Zip Code 33126			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 7/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA CRUZ, HECTOR <input type="checkbox"/> Delete 511 NW 40TH CT MIAMI, FL 33126			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5710 NW 3RD Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL 33126 (Address only)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 7/17/07 <small>Date</small>			
Daytime Phone #				Daytime Phone #			