2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# P06000078210

Entity Name: SOUTH FLORIDA HOME CARE GROUP CORP.

Current Principal Place of Business:

1900 CORAL WAY
SUITE 201
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1900 CORAL WAY
SUITE 201
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-5152217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURILLO, YVONNE
1900 CORAL WAY
SUITE 201
MIAMI, FL 33145 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: PD ( ) Delete
Name: MURILLO, YVONNE
Address: 2751 S OCEAN DR, APT 908
City-St-Zip: HOLLYWOOD, FL 33024

Title: VPD ( ) Delete
Name: GUTIERREZ, MILAGROS
Address: 16300 SW 96 AVE
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MURILLO, YVONNE
Address: 13195 NE 2 AVE
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: SEC ( ) Change (X) Addition
Name: MARTINEZ, CHRIS
Address: 13195 NE 2 AVE
City-St-Zip: NORTH MIAMI, FL 33161

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: YVONNE MURILLO PD 04/20/2007

Electronic Signature of Signing Officer or Director — Date