
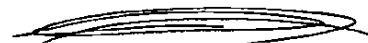


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-17-2007 90040 032 ***150.00

DOCUMENT # P06000080159 1. Entity Name ATTE HOME CARE, INC.					
Principal Place of Business 5617 N.W 7 STREET SUITE 205 MIAMI, FL 33126			Mailing Address 5617 N.W 7 STREET SUITE 205 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5028719	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, PAUL M 5617 N.W 7 STREET SUITE 205 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 state if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, PAUL M 5617 N.W 7 STREET SUITE 205 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, KEREN B 5617 N.W 7 STREET SUITE 205 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CROSS, NICHOLAS 5617 N.W 7 STREET SUITE 205 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PUIG, ALELI 5617 N.W 7 STREET SUITE 205 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYA, RALPH 5617 N.W 7 STREET SUITE 205 MIAMI, FL 33126	<input type="checkbox"/> Delete			
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:  RALPH MAYA		4/30/07 (305) 669-9311			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			