

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084595

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: C.J.M. HOME HEALTH CARE CORP.

## Current Principal Place of Business:

1526 NW 25 AVE  
MIAMI, FL 33125

## New Principal Place of Business:

24 WHITE HORN DR  
MIAMI, FL 33166

## Current Mailing Address:

1526 NW 25 AVE  
MIAMI, FL 33125

## New Mailing Address:

24 WHITE HORN DR  
MIAMI, FL 33166

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

URGELLES, JOALINE  
1526 NW 25 AVE  
MIAMI, FL 33125 US

## Name and Address of New Registered Agent:

URGELLES, JOALINE  
24 WHITE HORN DR  
MIAMI, FL 33166 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:

07/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: URGELLES, CELESTINO  
Address: 1526 NW 25 AVE  
City-St-Zip: MIAMI, FL 33125

Title: VP ( ) Delete  
Name: URGELLES, JOALINE  
Address: 1526 NW 25 AVE  
City-St-Zip: MIAMI, FL 33125

Title: SEC (X) Delete  
Name: VEGA, MARGARITA  
Address: 1526 NW 25 AVE  
City-St-Zip: MIAMI, FL 33125

Title: TRE ( ) Delete  
Name: URGELLES, CELESTINO  
Address: 1526 NW 25 AVE  
City-St-Zip: MIAMI, FL 33125

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: URGELLES, CELESTINO  
Address: 24 WHITE HORN DR  
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change ( ) Addition  
Name: URGELLES, JOALINE  
Address: 24 WHITE HORN DR  
City-St-Zip: MIAMI, FL 33166

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

Title: TRE (X) Change ( ) Addition  
Name: URGELLES, CELESTINO  
Address: 24 WHITE HORN DR  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: CELESTINO URGELLES

PD

07/06/2009

Electronic Signature of Signing Officer or Director

Date