

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091684

Entity Name: IDEA HOME HEALTH CARE, INC

FILED  
Apr 18, 2007  
Secretary of State

**Current Principal Place of Business:**

42 NW 27 AVE  
404  
MIAMI, FL 33125

**New Principal Place of Business:****Current Mailing Address:**

42 NW 27 AVE  
404  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 20-5177833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTINEZ, IRAIDA  
1324 SW 143 AVE  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

PRADO, PABLO T  
3179 SW 141 AVE  
MIAMI, FL 33175 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: PABLO T. PRADO

04/18/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARTINEZ, IRAIDA  
Address: 1324 SW 143 AVE  
City-St-Zip: MIAMI, FL 33184

Title: VP ( ) Delete  
Name: ALFONSO, MAYRA R  
Address: 1012 NW 31 AVE  
City-St-Zip: MIAMI, FL 33125

Title: VP ( ) Delete  
Name: MONTEAGUDO, AMERICA  
Address: 4240 SW 143 AVE  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PRADO, PABLO T  
Address: 3179 SW 141 AVE  
City-St-Zip: MIAMI, FL 33175

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

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

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: PABLO T. PRADO

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date