2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# P06000093015

Entity Name: ABRAHAM HOME HEALTH CARE, INC.

Current Principal Place of Business:

7440 MIAMI LAKES DR. #306
MIAMI LAKES, FL 33014

New Principal Place of Business:

4711 NW 79 AVENUE
SUITE 13M
MIAMI, FL 33166

Current Mailing Address:

7440 MIAMI LAKES DR. #306
MIAMI LAKES, FL 33014

New Mailing Address:

4711 NW 79 AVENUE
SUITE 13M
MIAMI, FL 33166

FEI Number: 20-5217289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAUIL, ELISA K
7440 MIAMI LAKES DR. #306
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

MARTINEZ, YOHANDRA
4711 NW 79 AVENUE
SUITE 13M
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: YOHANDRA MARTINEZ 03/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TAUIL, ELISA K
Address: 7440 MIAMI LAKES DR. #306
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: LOPEZ, MARIA A
Address: 7440 MIAMI LAKES DR. #306
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: MARTINEZ, YOHANDRA
Address: 4711 NW 79 AVENUE
City-St-Zip: MIAMI, FL 33166

Title: VPS (X) Change ( ) Addition
Name: ROSELLO, JORGE R
Address: 4711 NW 79 AVENUE
City-St-Zip: MIAMI, FL 33166

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: YOHANDRA MARTINEZ PT 03/27/2007
Electronic Signature of Signing Officer or Director Date