2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093829

FILED May 18, 2007 Secretary of State

Entity Na	me: RELIABL	E HOME CARE SERVICES, IN	IC.			
Current Principal Place of Business:			New Principal Place of Business:			
4995 NW SUITE 116 MIAMI, FL		Ē				
Current Mailing Address:			New Maili	New Mailing Address:		
4995 NW SUITE 116 MIAMI, FL		Ē				
FEI Number: 20-5214589 FEI Number Applied For() F		FEI Number Not App	licable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
4995 NŴ SUITE 116	CYNTHIA M 79TH AVENUE 33166 US	Ē				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
		3(2)(b), F.S., the corporation did no	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	IDUATE, CYNT	AVENUE #116	Title: Name: Address: City-St-Zip:	RAVENTOS,	(X) Change()Addition ROSEMARY TH AVENUE #116 :3166	
Title:	()) Delete	Title:	VPS	() Change (X) Addition	

Name: IDUATE, CYNTHIA M Address: Address: 4995 NW 79TH AVENUE #116

MIAMI, FL 33166 City-St-Zip: 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: CYNTHIA M. IDUATE VΡ 05/18/2007