

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105449

FILED  
Feb 07, 2009  
Secretary of State

Entity Name: PRECIOUS ANGELS HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

2470 NW 102 PLACE, STE 107  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2470 NW 102 PLACE, STE 107  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 20-5385127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOUZA, MANUEL  
1333 CORAL WAY  
SUITE 204  
MIAMI, FL 33145 US

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

BOUZA, MANUEL  
2470 NW 102 PLACE  
SUITE 107  
DORAL, FL 33172 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: MANUEL BOUZA

02/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOUZA, YILL  
Address: 1333 CORAL WAY, SUITE 204  
City-St-Zip: MIAMI, FL 33145

Title: VPD ( ) Delete  
Name: BOUZA, MANUEL  
Address: 1333 CORAL WAY, SUITE 204  
City-St-Zip: MIAMI, FL 33145

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

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: MANUEL BOUZA

VPD

02/07/2009

Electronic Signature of Signing Officer or Director

Date