

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117681

FILED
Mar 20, 2007
Secretary of State

Entity Name: SPLENDID CARE HOME HEALTH INC.

Current Principal Place of Business:

5299 SW 90TH CT
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

5299 SW 90TH CT
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 02-0796358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARTORIO, MILAGROS
5299 SW 90TH CT
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: LEYVA, RALPH
Address: 12780 SW 104TH AVE
City-St-Zip: MIAMI, FL 33176 US

Title: VP/D () Delete
Name: SARTORIO, RICHARD
Address: 5299 SW 90TH CT
City-St-Zip: MIAMI, FL 33165 US

Title: T () Delete
Name: SARTORIO, MILAGROS
Address: 5299 SW 90TH CT
City-St-Zip: MIAMI, FL 33165 US

Title: S () Delete
Name: LEYVA, MARY
Address: 12780 SW 104TH AVE
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: SARTORIO, RICHARD
Address: 9381 SW 134TH STREET
City-St-Zip: MIAMI, FL 33176 US

Title: T (X) Change () Addition
Name: SARTORIO, MILAGROS
Address: 9381 SW 134TH STREET
City-St-Zip: MIAMI, FL 33176 US

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

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: MILAGROS SARTORIO

T

03/20/2007

Electronic Signature of Signing Officer or Director

Date