

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135985

FILED  
Aug 29, 2007  
Secretary of State

Entity Name: COMFORT HOME CARE SERVICES INC.

## Current Principal Place of Business:

17100 COLLINS AVENUE #111  
SUNNY ISLES BEACH, FL 33160

## New Principal Place of Business:

2185 NE 163 STREET  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

17100 COLLINS AVENUE #111  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

2185 NE 163 STREET  
NORTH MIAMI BEACH, FL 33162

FEI Number: 22-3945509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

SHENKAR, AVI PRES  
2185 NE 163 STREET  
NORTH MIAMI BEACH, FL 33162 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: AVI SHENKAR

08/29/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHENKAR, AVI  
Address: 17100 COLLINS AVENUE #111  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VD ( ) Delete  
Name: GOLUBTSOV, LLYA  
Address: 17100 COLLINS AVENUE #111  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SD (X) Delete  
Name: GOLUBTSOV, ELENA  
Address: 17100 COLLINS AVENUE #111  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TD (X) Delete  
Name: TSIRELSON, MARAT  
Address: 17100 COLLINS AVENUE #111  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHENKAR, AVI  
Address: 2185 NE 163 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD (X) Change ( ) Addition  
Name: TSIRELSON, MARAT  
Address: 2185 NE 163 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: AVI SHENKAR

PD

08/29/2007

Electronic Signature of Signing Officer or Director

Date