

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139440

FILED
Jan 12, 2009
Secretary of State

Entity Name: CASPER HOME HEALTH CARE, INC.

Current Principal Place of Business:

4600 SW 75 AVENUE
SUITE 2B
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4600 SW 75 AVENUE
SUITE 2B
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-5827786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERDOMO, ORLEDO
10720 SW 52 TERRACE
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 () Delete
Name: PERDOMO, ORLEDO
Address: 4600 SW 75 AVENUE, 2B
City-St-Zip: MIAMI, FL 33155 US

Title: VP () Delete
Name: CASTRO, PABLO E
Address: 4600 SW 75 AVENUE, 2B
City-St-Zip: MIAMI, FL 33155 US

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: ORLEDO PERDOMO

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date