

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000141504

Entity Name: HEAVEN HOME HEALTH CARE, INC.

FILED
Jul 16, 2007
Secretary of State

Current Principal Place of Business:

16205 SW 117TH AVE #3
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

16205 SW 117TH AVE #3
MIAMI, FL 33177

New Mailing Address:

FEI Number: 20-5885212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, LAZARA
16205 SW 117TH AVE #3
MIAMI, FL 33177 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIAZ, LAZARA
Address: 16205 SW 117TH AVE #3
City-St-Zip: MIAMI, FL 33177

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: PASTRANA, ALAIN
Address: 16205 SW 117TH AVENUE #3
City-St-Zip: MIAMI, FL 33177

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: LAZARA DIAZ

P

07/16/2007

Electronic Signature of Signing Officer or Director

Date