2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

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Entity Name: HEAVEN HOME HEALTH CARE, INC.

Current Principal Place of Business:

16300 NE 19TH AVE, SUITE 237
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16300 NE 19TH AVE, SUITE 237
NORTH MIAMI BEACH, FL 33162

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:

CARVAJAL, MONICA
16300 NE 19TH AVE, SUITE 237
NORTH MIAMI BEACH, FL 33162 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: OM
Name: CARVAJAL, MONICA M
Address: 16300 NE 19TH AVE, SUITE 237
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: P
Name: RUBALCABA, CARMELA
Address: 16300 NE 19TH AVE, SUITE 237
City-St-Zip: NORTH MIAMI BCH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: IGOR NUNEZ ADMI 03/21/2011

Electronic Signature of Signing Officer or Director Date