

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000141653

FILED
May 03, 2007
Secretary of State**Entity Name:** BETTER DAYS HOME HEALTH CARE SERVICES INC.**Current Principal Place of Business:**2460 SW 137TH AVE
SUITE 248-249
MIAMI, FL 33175**New Principal Place of Business:****Current Mailing Address:**2460 SW 137TH AVE
SUITE 248-249
MIAMI, FL 33175**New Mailing Address:****FEI Number:** 20-5857420**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ABELED0, MARFA
2460 SW 137TH AVE
SUITE 248-249
MIAMI, FL 33175 US**Name and Address of New Registered Agent:**RIOS, CELIA
2460 SW 137TH AVE
SUITE 248-249
MIAMI, FL 33175 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: CELIA RIOS

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIOS, CELIA
Address: 2460 SW 137TH AVE., SUITE 248-249
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CELIA RIOS

PRES

05/03/2007

Electronic Signature of Signing Officer or Director

Date