

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146642

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: HOME CARE SERVICES OF AMERICA INC.

## Current Principal Place of Business:

5439 GRANDE PALM CIRCLE  
DELRAY BEACH, FL 33484 US

## New Principal Place of Business:

## Current Mailing Address:

5439 GRANDE PALM CIRCLE  
DELRAY BEACH, FL 33484 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOGAN, KARINNA  
5439 GRANDE PALM CIRCLE  
DELRAY BEACH, FL 33484 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/D ( ) Delete  
Name: LAFFONT, JAVIER  
Address: 7450 NW.144TH STREET  
City-St-Zip: MIAMI, FL 33014 US

Title: S ( ) Delete  
Name: LAFFONT, JAVIER  
Address: 7450 NW.144TH STREET  
City-St-Zip: MIAMI, FL 33014 US

Title: VP/D ( ) Delete  
Name: KOGAN, KARINNA  
Address: 5439 GRANDE PALM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: T ( ) Delete  
Name: KOGAN, KARINNA  
Address: 5439 GRANDE PALM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: KOGAN, KARINNA J  
Address: 5439 GRANDE PALM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: S (X) Change ( ) Addition  
Name: KOGAN, KARINNA J  
Address: 5439 GRANDE PALM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: VP/D (X) Change ( ) Addition  
Name: KOGAN, KARINNA J  
Address: 5439 GRANDE PALM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: T (X) Change ( ) Addition  
Name: KOGAN, KARINNA J  
Address: 5439 GRANDE PALM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484 US

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: KARINNA J KOGAN

P

07/02/2007

Electronic Signature of Signing Officer or Director

Date