

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155527

FILED
Jun 16, 2008
Secretary of State

Entity Name: FIRST FLORIDA HOME CARE SERVICES, INC.

Current Principal Place of Business:

7220 NW 36TH STREET
SUITE 609
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7220 NW 36TH STREET
SUITE 609
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-8074179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALOM, MAJELA
2333 BRICKELL AVENUE
1406
MIAMI, FL 33129 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALOM, MAJELA S
Address: 2333 BRICKELL AVENUE # 1406
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: PEREZ, AIME
Address: 2639 WEST 72TH STREET
City-St-Zip: HIALEAH, FL 33016

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: MAJELA SALOM

P

06/16/2008

Electronic Signature of Signing Officer or Director

Date