

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000008868

FILED
Aug 18, 2008
Secretary of State

Entity Name: NEW MILLENNIUM HOME HEALTH CARE, INC

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD
SUITE 1A1
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

175 FONTAINEBLEAU BLVD
SUITE 1A1
MIAMI, FL 33172

New Mailing Address:

FEI Number: 42-1722253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MAITEE
8980 WEST FLAGLER ST
APTO 212
MIAMI, FL 33174 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: PD () Delete
Name: GONZALEZ, MAITEE
Address: 8980 WEST FLAGLER ST APT0 212
City-St-Zip: MIAMI, FL 33174

Title: VP (X) Delete
Name: MARRERO, YOANDRA B
Address: 175 FONTAINEBLEAU BLVD. SUITE 1A1
City-St-Zip: MIAMI, FL 33172

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: MAITEE GONZALEZ

PD

08/18/2008

Electronic Signature of Signing Officer or Director

Date