

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009126

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MIAMI PREFERRED HOME CARE, INC.

## Current Principal Place of Business:

3900 NW 79TH AVENUE  
SUITE 476  
DORAL, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

3900 NW 79TH AVENUE  
SUITE 476  
DORAL, FL 33166

## New Mailing Address:

FEI Number: 20-8264905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FERNANDEZ, RICARDO  
3900 NW 79TH AVENUE  
DORAL, FL 33166 US

## Name and Address of New Registered Agent:

BROCHE, LUIS  
9487 SW 76TH STREET  
MIAMI, FL 33173 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: LUIS BROCHE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: FERNANDEZ, RICARDO  
Address: 3900 NW 79TH AVE  
City-St-Zip: MIAMI, FL 33166

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BROCHE, LUIS  
Address: 9487 SW 76TH STREET  
City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Change (X) Addition  
Name: HERNANDEZ, CRISTINA  
Address: 11465 SW 181 TER  
City-St-Zip: MIAMI, FL 33157

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: LUIS BROCHE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date