

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009273

FILED
Apr 02, 2009
Secretary of State

Entity Name: SOMMET HOME CARE, INC.

Current Principal Place of Business:

7910 NW 25TH STREET
SUITE 208
DORAL, FL 33122

New Principal Place of Business:

Current Mailing Address:

7910 NW 25TH STREET
SUITE 208
DORAL, FL 33122

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:

MATOS, CARIDAD
6739 SW 22ND STREET
MIAMI, FL 33155 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 () Delete
Name: MATOS, CARIDAD
Address: 6739 SW 22ND STREET
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: MARQUEZ, JOSE L
Address: 4212 SW 137 PL
City-St-Zip: MIAMI, FL 33175

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: CARIDAD MATOS

P

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date