2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024986

Name:

Address: City-St-Zip: REGALON, DANIURYS

MIAMI, FL 33173

10300 SUNSET DR - # 465

Entity Name: R.B.D. HOME HEALTH CARE SOLUTION, INC.

FILED Apr 30, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
10300 SUNSET DR - # 465 MIAMI, FL 33173		10300 SUNSET DR MIAMI, FL 33173	10300 SUNSET DR #465 MIAMI, FL 33173	
Current M	ailing Address:	New Mailing Addre	New Mailing Address:	
10300 SUNSET DR - # 465 MIAMI, FL 33173		9752 SW 145 PL MIAMI, FL 33186		
FEI Number	FEI Number Applied I	For (X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered A	Agent: Name and Address	Name and Address of New Registered Agent:	
MIAMI, FL The above	named entity submits this statemer e of Florida.	nt for the purpose of changing its register	ed office or registered agent, or both,	
	Electronic Signature of Regis	tered Agent	Date	
Election Car	npaign Financing Trust Fund Contributio	on ().		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete REGALON, JULIO A 10300 SUNSET DR - # 465 MIAMI, FL 33173	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete AMANDI, AMPARO A 10300 SUNSET DR - # 465 MIAMI, FL 33173	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JULIO A REGALON P 04/30/2008