

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024986

FILED
Jun 25, 2009
Secretary of State

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

Current Principal Place of Business:

10300 SUNSET DR #465
MIAMI, FL 33173

New Principal Place of Business:

9752 SW 145 PL
MIAMI, FL 33186

Current Mailing Address:

9752 SW 145 PL
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-8520900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGALON, JULIO A
10300 SUNSET DR - # 465
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

REGALON, JULIO A
9752 SW 145 PL
MIAMI, FL 33186 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:

06/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REGALON, JULIO A
Address: 10300 SUNSET DR - # 465
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: AMANDI, AMPARO A
Address: 10300 SUNSET DR - # 465
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: REGALON, DANIURYS
Address: 10300 SUNSET DR - # 465
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REGALON, JULIO A
Address: 9752 SW 145 PL
City-St-Zip: MIAMI, FL 33186

Title: T (X) Change () Addition
Name: AMANDI, AMPARO A
Address: 9752 SW 145 PL
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: REGALON, DANIURYS
Address: 9752 SW 145 PL
City-St-Zip: MIAMI, FL 33186

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: JULIO REGALON

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date