

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033579

FILED
May 12, 2008
Secretary of State

Entity Name: REAL HOME HEALTH SOLUTIONS,INC.

Current Principal Place of Business:

1770 WEST 40 STREET
BAY 2
HIALEAH, FL 33012

New Principal Place of Business:

1771 WEST 40 STREET
HIALEAH, FL 33012

Current Mailing Address:

1771 WEST 40 STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-8682952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, WILLIAM
120 EAST 37 STREET
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

DIAZ, WILLIAM
50 WEST 23 STREET
APT. # 14
HIALEAH, FL 33010 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: WILLIAM DIAZ

05/12/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAZ, WILLIAM
Address: 120 EAST 37 STREET
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAZ, WILLIAM
Address: 50 WEST 23 STREET APT # 14
City-St-Zip: HIALEAH, FL 33010

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: WILLIAM DIAZ

P

05/12/2008

Electronic Signature of Signing Officer or Director

Date