

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-23-2008 90019 047 ***150.00

DOCUMENT # P07000033761			
1. Entity Name ALL ABOUT YOU HOME HEALTH AGENCY, INC.			
Principal Place of Business 7300 W. CAMINO SUITE 129 BOCA RATON, FL 33433		Mailing Address 18061 BISCAYNE BLVD. SUITE 703 AVENTURA, FL 33160	
2. Principal Place of Business - No P.O. Box # 7300 W CAMINO REAL		3. Mailing Address 7300 W CAMINO REAL	
Suite, Apt. #, etc. 215		Suite, Apt. #, etc. 215	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33433	Country	Zip 33433	Country
4. FEI Number 20-8647360		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGMAN, IRINA 18061 BISCAYNE BLVD. SUITE 703 AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Irina Bergman</i> DATE: 4-15-2008 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME BERGMAN, IRINA STREET ADDRESS 18061 BISCAYNE BLVD., SUITE 703 CITY-ST-ZIP AVENTURA, FL 33160		TITLE PD NAME Bergman, IRINA STREET ADDRESS 7300 W CAMINO REAL #215 CITY-ST-ZIP BOCA RATON FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Irina Bergman</i>		4-15-2008 561416-0286	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	