2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P07000034242

Entity Name: HOLISTIC HOME HEALTH CARE CORP

Current Principal Place of Business:

10591 S.W. 56 TERRACE
MIAMI, FL 33173

New Principal Place of Business:

283 PARK BLVD
MIAMI, FL 33126

Current Mailing Address:

10591 S.W. 56 TERRACE
MIAMI, FL 33173

New Mailing Address:

283 PARK BLVD
MIAMI, FL 33126

FEI Number: 90-0422779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVILA, JORGE
10591 S.W. 56 TERRACE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

DAVILA, JORGE A
283 PARK BLVD.
MIAMI, FL 33126 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: JORGE A. DAVILA 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVILA, JORGE
Address: 10591 SW 56 TERRAE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P-D (X) Change ( ) Addition
Name: DAVILA, JORGE A
Address: 283 PARK BLVD
City-St-Zip: MIAMI, FL 33126

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: JORGE A. DAVILA PD 04/27/2009
Electronic Signature of Signing Officer or Director Date