

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034303

FILED
Apr 25, 2008
Secretary of State

Entity Name: SILVA HOME HEALTH SERVICE CORPORATION

Current Principal Place of Business:

8730 S.W. 133 AVENUE RD. #215
MIAMI, FL 33183

New Principal Place of Business:

1924 SW 151 PL
MIAMI, FL 33185

Current Mailing Address:

8730 S.W. 133 AVENUE RD. #215
MIAMI, FL 33183

New Mailing Address:

1924 SW 151 PL
MIAMI, FL 33185

FEI Number: 20-8643851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, MANUEL
8750 S.W. 133 AVENUE RD. #215
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

.SILVA HOME HEALTH SERVICES CORP.
1924 SW 151 PL
MIAMI, FL 33185 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: SILVA HOME HEALTH SERVICES CORP.

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, MANUEL RN
Address: 8750 S.W. 133 AVENUE RD. #215
City-St-Zip: MIAMI, FL 33183

Title: S () Delete
Name: CAPOTE, ARIANY
Address: 8750 S.W. 133 AVENUE RD. #215
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SILVA, MANUEL RN
Address: 1924 SW 151 PL
City-St-Zip: MIAMI, FL 33185

Title: S (X) Change () Addition
Name: CAPOTE, ARIANY
Address: 1924 SW 151 PL
City-St-Zip: MIAMI, FL 33185

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: MANUEL SILVA

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date