# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 07, 2008**
**Secretary of State**

DOCUMENT# P07000036941

**Entity Name:** COMFORT CARE AT IT'S BEST, INC.

**Current Principal Place of Business:**

5809 NW 13TH
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

7161 PEMBROKE RD #600
PEMBROKE PINES, FL 33023

**New Mailing Address:**

5809 NW 13TH
SUNRISE, FL 33313

**FEI Number: 75-3237642** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, LAURNA
7161 PEMBROKE RD #600
PEMBROKE PINES, FL 33023 US

**Name and Address of New Registered Agent:**

WILLIAMS, LAURNA
5809 NW 13TH
SUNRISE, FL 33313 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: _____ 05/07/2008
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: CEO ( ) Delete
Name: PARKES, ROBERT A
Address: 5809 NW 13TH
City-St-Zip: SUNRISE, FL 33313

Title: DP ( ) Delete
Name: PARKES, ROBERT A
Address: 5809 NW 13TH
City-St-Zip: SUNRISE, FL 33313

Title: DV ( ) Delete
Name: BAILEY, KARY S
Address: 5809 NW 13TH
City-St-Zip: SUNRISE, FL 33313

Title: DST ( ) Delete
Name: COLE, VIVIENNE
Address: 5809 NW 13TH
City-St-Zip: SUNRISE, FL 33313

Title: D ( ) Delete
Name: COLE, RICARDO R
Address: 5809 NW 13TH
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VIVIENNE COLE DST 05/07/2008
Electronic Signature of Signing Officer or Director — Date