
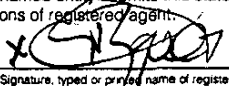
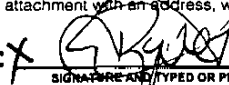


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90368 031 ***150.00

DOCUMENT # P07000044641 1. Entity Name RCJH CARE SERVICES, INC.			
Principal Place of Business 7771 NW 7TH ST., APT. 919 MIAMI, FL 33126		Mailing Address 7771 NW 7TH ST., APT. 919 MIAMI, FL 33126	
2. Principal Place of Business - No P.O. Box # 15835 SW. 139 ST.		3. Mailing Address 15835 SW. 139 ST.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FL.		City & State MIAMI, FL	
Zip 33196		Zip 33196	
Country USA		Country USA	
4. FEI Number 20-8832188		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN C. 7771 NW 7TH ST., APT. 919 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name RODRIGUEZ, JUAN C. Street Address (P.O. Box Number is Not Acceptable) 15835 SW. 139 ST. City MIAMI FL 33196	
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  JUAN C. RODRIGUEZ PRESIDENT 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, JUAN C. 7771 NW 7TH ST., APT. 919 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, JUAN C. 15835 SW. 139 ST. MIAMI, FL, 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X  JUAN C. RODRIGUEZ PRESIDENT 4/22/08 (786) 493-0115 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			