

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045494

FILED
Jul 07, 2008
Secretary of State

Entity Name: JORNARA HOME HEALTH CARE INC

Current Principal Place of Business:

7160 W 12 LN
HIALEAH, FL 33014

New Principal Place of Business:

9122 NW 171ST LANE
HIALEAH, FL 33018

Current Mailing Address:

7160 W 12 LN
HIALEAH, FL 33014

New Mailing Address:

9122 NW 171ST LANE
HIALEAH, FL 33018

FEI Number: 20-8861093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONCEPCION, ANARA
7160 W 12 LN
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

CONCEPCION, ANARA
9122 NW 171ST LANE
HIALEAH, FL 33018 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: ANARA CONCEPCION

07/07/2008

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: P () Delete
Name: CONCEPCION, ANARA
Address: 7160 W 12 LN
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONCEPCION, ANARA
Address: 9122 NW 171ST LANE
City-St-Zip: HIALEAH, FL 33018

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: ANARA CONCEPCION

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date