

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000049710

FILED
Jun 20, 2008
Secretary of State**Entity Name:** GOOD TIME HOME CARE CORP.**Current Principal Place of Business:**8640 SW 185TH ST
CUTLER BAY, FL 33157**New Principal Place of Business:****Current Mailing Address:**8640 SW 185TH ST
CUTLER BAY, FL 33157**New Mailing Address:****FEI Number:** 20-8939180**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VEGA, ADRIAN
8640 SW 185TH ST
CUTLER BAY, FL 33157 US**Name and Address of New Registered Agent:**JIMENEZ, MARYS N
8640 SW 185TH ST
CUTLER BAY, FL 33157 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: MARYS N. JIMENEZ

06/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DPV () Delete
Name: VEGA, ADRIAN
Address: 8640 SW 185TH ST
City-St-Zip: CUTLER BAY, FL 33157**Title:** ST (X) Delete
Name: VEGA, ADRIAN
Address: 8640 SW 185TH ST
City-St-Zip: CUTLER BAY, FL 33157**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPV (X) Change () Addition
Name: JIMENEZ, MARYS N
Address: 8640 SW 185TH ST
City-St-Zip: CUTLER BAY, FL 33157**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: MARYS N. JIMENEZ

DPV

06/20/2008

Electronic Signature of Signing Officer or Director

Date