

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074251

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SUZIE & DAVE HOME HEALTH CARE SERVICES, INC.

## Current Principal Place of Business:

10960 NW 14TH AVE APT G-12  
MIAMI, FL 33167

## New Principal Place of Business:

15823 SW 21ST  
MIRAMAR, FL 33027

## Current Mailing Address:

10960 NW 14TH AVE APT G-12  
MIAMI, FL 33167

## New Mailing Address:

15823 SW 21 ST  
MIRAMAR, FL 33027

FEI Number: 06-1812619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOUST, BARBARA  
3401 NW 202ND STREET  
MIAMI GARDENS, FL 330561722 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FORTUNE, MARIE S  
Address: 10960 NW 14TH AVE APT G-12  
City-St-Zip: MIAMI, FL 33167

Title: DT ( ) Delete  
Name: JOISEUS, ALEXANDER  
Address: 10960 NW 14TH AVE APT G-12  
City-St-Zip: MIAMI, FL 33167

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: FORTUNE, MARIE S  
Address: 15823 SW 21ST  
City-St-Zip: MIRAMAR, FL 33027

Title: DT (X) Change ( ) Addition  
Name: JOISEUS, ALEXANDER  
Address: 15823 SW 21ST  
City-St-Zip: MIRAMAR, FL 33027

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: MARIE S. FORTUNE

D/P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date