
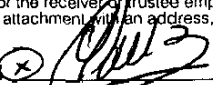


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90036 016 ***150.00

DOCUMENT # P07000078225 1. Entity Name HOME HEALTH ADVANTAGE, INC.					
Principal Place of Business 16041 SW 110TH STREET MIAMI, FL 33196			Mailing Address 16041 SW 110TH STREET MIAMI, FL 33196		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 42-1763774	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRUZ, YOEL 16041 SW 110TH STREET MIAMI, FL 33196			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <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	PD CRUZ, YOEL 16041 SW 110TH STREET MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRUZ, LORAIMIS 16041 SW 110TH STREET MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 		YOEL CRUZ PRESIDENT		03/31/08 (305) 383-5273	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

HOME HEALTH ADVANTAGE, INC
16041 SW 110 STREET
MIAMI, FLORIDA 33196

ATTACHMENT
40104021

REF: ANNUAL REPORT 2008
DOC: #P07000078225

GENTLEMEN:

PLEASE, I WOULD LIKE THAT YOU ACCEPT MY ANNUAL REPORT 2008 AND PAYMENT OF \$150.00
THE REASON IS THAT I NEVER RECEIVED COMMUNICATION FOR THIS PAYMENTS, AND IT IS MY
FIRST BUSINESS IN STATE OF FLORIDA.

I APOLOGIZE THE INCONVENIENT, IF YOU NEED ANY QUESTION PLEASE LET ME NOW.

SINCERELY YOURS,

YOEL CRUZ
PRESIDENT