2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 02, 2008
Secretary of State

DOCUMENT# P07000079264

Entity Name: SOLER HOME HEALTH CARE, INC.

Current Principal Place of Business:

8520 SW 150 AVE STE 101
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

8520 SW 150 AVE STE 101
MIAMI, FL 33193

New Mailing Address:

FEI Number: 51-0641453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOLER, JUANA
8520 SW 150 AVE STE 101
MIAMI, FL 33193 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

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: SOLER, JUANA
Address: 8520 SW 150 AVE STE 101
City-St-Zip: MIAMI, FL 33193

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: FLORES, ALEXEY
Address: 8520 SW 150 AVE SUITE 101
City-St-Zip: MIAMI, FL 33193

Title: T ( ) Change (X) Addition
Name: ALONSO, JORGE
Address: 8520 SW 150 AVENUE
City-St-Zip: MIAMI,, FL 33193

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: JUANA SOLER P 07/02/2008

Electronic Signature of Signing Officer or Director — Date