

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090260

FILED
May 06, 2008
Secretary of State

Entity Name: C & G HOME HEALTH CORP.

Current Principal Place of Business:

7221 SW 24 ST STE 214
MIAMI, FL 33155 US

New Principal Place of Business:

5545 SW 8ST
208
MIAMI, FL 33143 US

Current Mailing Address:

7221 SW 24 ST STE 214
MIAMI, FL 33155 US

New Mailing Address:

5545 SW 8ST
208
MIAMI, FL 33134 US

FEI Number: 26-0702818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COBIELLA, IDOLKA S
7221 SW 24 ST STE 214
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

COBIELLA, IDOLKA S
5545 SW 8ST
208
MIAMI, FL 33134 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: IDOLKA S. COBIELLA

05/06/2008

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: COBIELLA, IDOLKA S
Address: 7221 SW 24 ST STE 214
City-St-Zip: MIAMI, FL 33155 US

Title: V () Delete
Name: LECOURTOIS, ALEXANDER
Address: 7221 SW 24 ST STE 214
City-St-Zip: MIAMI, FL 33155 US

Title: V () Delete
Name: GOLD, MARIA L
Address: 7221 SW 24 ST STE 214
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COBIELLA, IDOLKA S
Address: 5545 SW 8ST SUITE 208
City-St-Zip: MIAMI, FL 33134 US

Title: V (X) Change () Addition
Name: LECOURTOIS, ALEXANDER
Address: 5545 SW 8ST SUITE 208
City-St-Zip: MIAMI, FL 33134 US

Title: V (X) Change () Addition
Name: GOLD, MARIA L
Address: 5545 SW 8ST SUITE 208
City-St-Zip: MIAMI, FL 33134 US

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: IDOLKA S. COBIELLA

MRS.

05/06/2008

Electronic Signature of Signing Officer or Director

Date