

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090749

FILED
Apr 29, 2008
Secretary of State

Entity Name: ANGEL TOUCH HOME HEALTH CORP.

Current Principal Place of Business:

6880 SW 44 STREET STE 109
MIAMI, FL 33155

New Principal Place of Business:

7156 B SW 47 ST
SUITE B
MIAMI, FL 33155

Current Mailing Address:

6880 SW 44 STREET STE 109
MIAMI, FL 33155

New Mailing Address:

7156 B SW 47 ST
SUITE B
MIAMI, FL 33155

FEI Number: 26-0709786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MILDRED
6880 SW 44 STREET STE 109
MIAMI, FL 33155 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: D () Delete
Name: PEREZ, MILDRED
Address: 6880 SW 44 STREET STE 109
City-St-Zip: MIAMI, FL 33155

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V () Change (X) Addition
Name: DENNISE, SAAVEDRA
Address: 7156 B SW 47 ST
City-St-Zip: SUITE B MIAMI, FL 33155

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: MILDRED PEREZ

D

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date