

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000104087

FILED
May 15, 2008
Secretary of State**Entity Name:** NATIONAL EXCELLENCE HOME HEALTH CARE INC.**Current Principal Place of Business:**2380 SW 80 CT
MIAMI, FL 33155**New Principal Place of Business:**7483 SW 24TH ST
207
MIAMI, FL 33155**Current Mailing Address:**2380 SW 80 CT
MIAMI, FL 33155 US**New Mailing Address:**7483 SW 24TH ST
207
MIAMI, FL 33155**FEI Number:** 26-2529802**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEE, XIOMARA
2380 SW 80 CT
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

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LEE, XIOMARA
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155 US**Title:** PD () Delete
Name: SANCHEZ GOENAGA, GISELA
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155 US**Title:** PD () Delete
Name: YEE, TERESA
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: AZAN, ALFREDO
Address: 10838 NANTUCKET TERRACE
City-St-Zip: POTOMAC, MD 20854 US**Title:** PD (X) Change () Addition
Name: YEE, TERESA
Address: 7483 SW 24TH ST SUITE 207
City-St-Zip: MIAMI, FL 33155 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: XIOMARA LEE

PD

05/15/2008

Electronic Signature of Signing Officer or Director

Date