

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114639

FILED
Apr 29, 2008
Secretary of State

Entity Name: HEALING HANDS HOME HEALTH CARE, INC.

Current Principal Place of Business:

8181 NW 36 STREET
UNIT 8-D
MIAMI, FL 33166 US

New Principal Place of Business:

8181 NW 36 STREET
SUITE 1011
MIAMI, FL 33166 US

Current Mailing Address:

8181 NW 36 STREET
UNIT 8-D
MIAMI, FL 33166 US

New Mailing Address:

8181 NW 36 STREET
SUITE 1011
MIAMI, FL 33166 US

FEI Number: 26-1255377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADEL, MARIELLA
8181 NW 36 STREET
8-D
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

RADEL, MARIELLA
8181 NW 36 STREET
SUITE 1011
MIAMI, FL 33166 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: MARIELLA RADEL

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARRERO, CALIZ
Address: 8181 NW 36 STREET UNIT 8 D
City-St-Zip: MIAMI, FL 33166

Title: VP () Delete
Name: RADEL, MARIELLA
Address: 8181 NW 36 ST UNIT 8-D
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARRERO, CALIZ
Address: 8181 NW 36 STREET UNIT 1011
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change () Addition
Name: RADEL, MARIELLA
Address: 8181 NW 36 ST UNIT 1011
City-St-Zip: MIAMI, FL 33166

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: MARIELLA RADEL

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date