

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128660

FILED
Apr 30, 2009
Secretary of State

Entity Name: QUALITY HOME CARE SOLUTIONS, CORP

Current Principal Place of Business:

3408 WEST 84TH STREET
SUITE 115
HIALEAH, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

14240 GLENCAIRN RD
MIAMI LAKES, FL 33016 US

New Mailing Address:

FEI Number: 42-1748426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URENA, OFRADIS S
14240 GLENCAIRN RD
MIAMI LAKES, FL 33016 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: P () Delete
Name: URENA, OFRADIS S
Address: 14240 GLENCAIRN RD
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VP () Delete
Name: DEL VALLE, JONATHAN E
Address: 14240 GLENCAIRN RD
City-St-Zip: MIAMI LAKES, FL 33018 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: OFRADIS URENA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date