

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001082

FILED
Apr 06, 2009
Secretary of State

Entity Name: ALL 1 STAR HOME HEALTH CARE INC.

Current Principal Place of Business:

14260 S.W. 29 ST
MIAMI, FL 33175

New Principal Place of Business:

5040 NW 7 ST
SUITE 650
MIAMI, FL 33126

Current Mailing Address:

14260 S.W. 29 ST
MIAMI, FL 33175

New Mailing Address:

5040 NW 7 ST
SUITE 650
MIAMI, FL 33126

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, RODNEY
1717 NORTH BAYSHORE DR
#2842
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

ARXER, XENIA
5040 NW 7 ST
650
MIAMI, FL 33126 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: XENIA ARXER

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: RXM MARKETING CONSUL, TANTS INC.
Address: 271 N.W. 59 CT.
City-St-Zip: MIAMI, FL 33126

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ARXER, XENIA
Address: 5040 NW 7 ST SUITE 610
City-St-Zip: MIAMI, FL 33126

Title: VP () Change (X) Addition
Name: ARXER, XENIA
Address: 5040 NW 7 ST SUITE 610
City-St-Zip: MIAMI, FL 33126 DA

Title: CFO () Change (X) Addition
Name: XENIA, ARXER
Address: 5040 NW 7 ST SUITE 610
City-St-Zip: MIAMI, FL 33126 DA

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: XENIA ARXER

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date