

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021758

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: TRI STAR HOME CARE INC.

## Current Principal Place of Business:

2787 EAST OAKLAND PARK BLVD.  
216  
FORT LAUDERDALE, FL 33306 US

## New Principal Place of Business:

## Current Mailing Address:

2787 EAST OAKLAND PARK BLVD.  
216  
FORT LAUDERDALE, FL 33306 US

## New Mailing Address:

FEI Number: 26-2175242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MERRA, MARIA  
724 SOUTHWEST 5TH COURT  
HALLENDALE, FL 33009 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: PRES  
Name: DUPONTY, GARY  
Address: 7383 CYPRESS DRIVE  
City-St-Zip: MARGTE, FL 33063 US

Title: T  
Name: DUPONTY, GARY  
Address: 7383 CYPRESS DRIVE  
City-St-Zip: MARGTE, FL 33063

Title: SECR  
Name: MERRA, MARIA  
Address: 724 SOUTHWEST 5TH COURT  
City-St-Zip: HALLENDALE, FL 33009 US

Title: ADM  
Name: MERRA, MARIA  
Address: 724 SOUTHWEST 5TH COURT  
City-St-Zip: HALLENDALE, FL 33009 US

Title: CFO  
Name: DUPONTY, GARY E SR.  
Address: 7383 CYPRESS DR.  
City-St-Zip: MARGATE, FL 33063 US

I hereby 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 all other like empowered.

SIGNATURE: GARY DUPONTY

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date