

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050726

Entity Name: V.P.R. HOME HEALTH, CORP.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

6741 SW 24 STREET
SUITE 18
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6741 SW 24 STREET
SUITE 18
MIAMI, FL 33155

New Mailing Address:

FEI Number: 26-2631900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, JUAN C
15835 SW 139 STREET
MIAMI, FL 33196 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: VIDAL, MIGUEL A
Address: 21851 SW 127 CT
City-St-Zip: MIAMI, FL 33170

Title: VP () Delete
Name: RODRIGUEZ, JUAN C
Address: 15835 SW 139 STREET
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: NORIEGA, RENE
Address: 1698 JEFFERSON AVE, APT 23
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,TD (X) Change () Addition
Name: VIDAL, MIGUEL A P,T,D,
Address: 21851 SW 127 CT
City-St-Zip: MIAMI, FL 33170

Title: VP,D (X) Change () Addition
Name: RODRIGUEZ, JUAN C VP,D.
Address: 15835 SW 139 STREET
City-St-Zip: MIAMI, FL 33196

Title: S,D (X) Change () Addition
Name: NORIEGA, RENE S,D.
Address: 1698 JEFFERSON AVE, APT 23
City-St-Zip: MIAMI BEACH, FL 33139

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: MIGUEL A. VIDAL

P,TD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date