2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P08000056278

Entity Name: CABALLERO HEALTH SERVICES INC

Current Principal Place of Business:

360 NW 114 AVE
UNIT 103
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

360 NW 114 AVE
UNIT 103
MIAMI, FL 33172

New Mailing Address:

FEI Number: 26-2765618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABALLERO, WILLIAM
360 NW 114 AVE
UNIT 103
MIAMI, FL 33172 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: CABALLERO, WILLIAM
Address: 360 NW 114 AVE UNIT 103
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM CABALLERO P 03/31/2009

Electronic Signature of Signing Officer or Director — Date