2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023268

Entity Name: YEMA HOME HEALTH CARE, INC.

FILED Feb 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

780 NW 42 AVENUE #322 7845 CORAL WAY MIAMI, FL 331265549 US MIAMI, FL 33155 US

Current Mailing Address: New Mailing Address:

780 NW 42 AVENUE #322 7845 CORAL WAY HIALEAH, FL 33126 US MIAMI, FL 33155 US

FEI Number: 65-0400515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESCARPIO, MARIA C
780 NW 42 AVENUE #322
MIAMI, FL 331265549 US

ESCARPIO, MARIA C
7845 CORAL WAY
MIAMI, FL 33155 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: MARIA C. ESCARPIO 02/03/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition Name: ESCARPIO, MARIA C Name: ESCARPIO, MARIA C Address: 780 NW 42 AVENUE #322 Address: 7845 CORAL WAY

Address: 780 NW 42 AVENUE #322 Address: 7845 CORAL WAY

City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33155 US

Title: D () Delete Title: D (X) Change () Addition
Name: ESCARPIO, MARIA C
Name: ESCARPIO, MARIA C

 Address:
 780 NW 42 AVENUE #322
 Address:
 7845 CORAL WAY

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33155 US

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 FERNANDEZ, ÁILIUJ

 Address:
 Address:
 7845 CORAL WAY

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33155 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIA C. ESCARPIO PVST 02/03/2005