


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90073 005 \*\*\*150.00

<b>DOCUMENT # P94000051482</b> 1. Entity Name <b>HOME CARE NATIONAL, INC.</b>	
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Principal Place of Business <b>4240 W 12 AVE HIALEAH, FL 33012</b>	Mailing Address <b>4240 W 12 AVE HIALEAH, FL 33012</b>
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**DO NOT WRITE IN THIS SPACE**

**66009358**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0504105</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**RODRIGUEZ, MAGALI G  
3039 SW 129 WAY  
MIRAMAR, FL 33027**

**DO NOT WRITE  
IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Magali G Rodriguez* DATE 3/14/07

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	NAME <b>RODRIGUEZ, MAGALI G</b>
STREET ADDRESS <b>3039 SW 129 WAY</b>	
CITY - ST - ZIP <b>MIRAMAR, FL 33027</b>	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Magali G Rodriguez* Date 4-9-07 Daytime Phone # (35)557-3398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR