

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051482

Entity Name: HOME CARE NATIONAL, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

4240 W 12 AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4240 W 12 AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0504105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RODRIGUEZ, MAGALI G
4051 SW 143 AVE
MIRAMAR, FL 33027 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: MAGALI G RODRIGUEZ

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: RODRIGUEZ, MAGALI G
Address: 3039 SW 129 WAY
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: RODRIGUEZ, MAGALI G
Address: 4051 SW 143 AVE
City-St-Zip: MIRAMAR, FL 33027

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: MAGALI G RODRIGUEZ

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date