

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032714

FILED
Mar 18, 2005
Secretary of State

Entity Name: D.D. HEALTH HOME CARE INC.

Current Principal Place of Business:

3485 W FLAGLER STREET
500
MIAMI, FL 331351042 US

New Principal Place of Business:

Current Mailing Address:

3485 W FLAGLER STREET
500
MIAMI, FL 331351042 US

New Mailing Address:

FEI Number: 65-0575977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, DENISSE
3485 W FLAGLER STREET
STE 500
MIAMI, FL 33135 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: DIAZ, DENISSE
Address: 6497 W 8TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: TVP () Delete
Name: CORCHO, GRICEL
Address: 3750 N.W 12TH STREET
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENISSE DIAZ

PRES

03/18/2005

Electronic Signature of Signing Officer or Director

Date