

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074910

FILED
Feb 22, 2007
Secretary of State

Entity Name: ANGEL HOME CARE SERVICES, INC.

Current Principal Place of Business:

11865 SW 26 STREET
STE G-7
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

11865 SW 26 STREET
STE G-7
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 65-0610527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEGRE, ANGEL L.
1050 NW 128TH CT
MIAMI, FL 33182 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: ALEGRE, ANGEL L.
Address: 1050 NW 128 CT
City-St-Zip: MIAMI, FL 33182

Title: VPST () Delete
Name: ALEGRE, NILA AURORA
Address: 1050 NW 128TH CT
City-St-Zip: MIAMI, FL 33182

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 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: ANGEL ALEGRE

PRES

02/22/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date