2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000096427

1. Entity Name
HOME HEALTH CARE WITH HEART INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 16 PM 12:02

Principal Place of Business	Mailing Address
1685 SW 107 AVENUE MIAMI, FL 33165 US	P.O. BOX 651278 MIAMI, FL 33265 US

05152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
14505 Commers Way	6441 SW 164 Ct.
Suite, Apt. #, etc. suite 512	Suite, Apt. #, etc.
City & State Miami Lakes	City & State Miami Fl.
Zip 33014 Country USA.	Zip 33193 Country USA

4. FEI Number 65-0929242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ERENA
6441 SW 164 CT.
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 Erena Martin
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, ERENA ~~P.O. BOX 651278 N/A~~ ~~MIAMI, FL 33265~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 6441 SW 164 CT Miami FL 33193	☑ Change ☐ Addition
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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: Erena Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #