

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000002508

Entity Name: PEACE HOME CARE INC

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5040 NW 197TH STREET  
MIAMI, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

5040 NW 197TH STREET  
MIAMI, FL 33055

**New Mailing Address:**

FEI Number: 65-0631301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HODGSON, WARREN D  
40 NW 191 STREET  
MIAMI, FL 33055 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

**OFFICERS AND DIRECTORS:**

Title: PDM ( ) Delete  
Name: ABREU, ANA L  
Address: 5040 NW 197 STREET  
City-St-Zip: MIAMI, FL 33055

Title: A ( ) Delete  
Name: ABREU, FRANCISCO  
Address: 5040 NW 197TH STREET  
City-St-Zip: MIAMI, FL 33055

Title: S (X) Delete  
Name: SANCHEZ, ALBERT  
Address: 5040 NW 197TH STREET  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ANA L. ABREU

PDM

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date