## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9600080590 1. Entity Name ENERY HOME HEALTH CARE, INC.

FILED Jan 20, 2006 08:00 AN Secretary of State

Principal Place of Business 7570 NW 14 STREET SUITE 113 MIAMI, FL 33126

Mailing Address 7570 NW 14 STREET SUITE 113 MIAMI, FL 33126



305

818-4997

DO	NOT	WRITE	IN	THIS	SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0437607 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, IRENE E 6475 SW 34 STREET MIAMI, FL 33155

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and little II applicable (NOTE, Registered Agent signature required when fain starting)  DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			<b>"</b>	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS	······································		The second secon				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CRUZ, IRENE E 6475 SW 34 STREET MIAMI, FL 33155								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, IRENE E 6475 SW 34 STREET MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, OSMANY 6475 SW 34 STREET MIAMI, FL 33155								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, IVAN 6475 SW 34 STREET MIAMI, FL 33155								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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.									

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR