


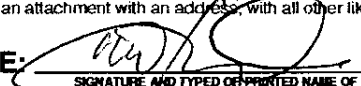


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90639 007 ***150.00

DOCUMENT # P98000032848 1. Entity Name OUR SWEET HOME CARE ALF CORP.					
Principal Place of Business 2435 NW 82 AVE MIAMI, FL 33155			Mailing Address 2435 NW 82 AVE MIAMI, FL 33155		
2. Principal Place of Business 2435 SW 82 Ave		3. Mailing Address 2435 SW 82 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33155		Country USA		4. FEI Number 65-0865841	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASTANEDA, ROBERTO 2435 NW 82 AVE MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2435 SW 82 Ave City MIAMI FL Zip Code 33155		
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 <u></u> DATE <u>04/06/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CASTANEDA, ROBERTO STREET ADDRESS 2435 NW 82 AVE CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE 2435 SW 82 Ave NAME MIAMI FL 33155 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GUTIERREZ, ILEANA STREET ADDRESS 2435 NW 82 AVE CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE 2435 SW 82 Ave NAME MIAMI FL 33155 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/06/04</u> (305) 267 5400		