2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P98000042538

Entity Name: COMPASSIONATE HOMECARE NETWORK, INC.

Current Principal Place of Business:

6780 TAFT STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

6780 TAFT STREET
HOLLYWOOD, FL 330243903 US

Current Mailing Address:

18590 SW 7TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

18590 SW 7TH STREET
PEMBROKE PINES, FL 330296003 US

FEI Number: 65-0855278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, JUAN
18590 SW 7TH STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

LOPEZ, JUAN A
18590 SW 7TH STREET
PEMBROKE PINES, FL 330296003 US

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: JUAN A LOPEZ 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LONGOBARDI, HENRY A
Address: 18590 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete
Name: LOPEZ, JUAN A
Address: 18590 NW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete
Name: LOPEZ, ANNE M
Address: 18590 SW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LONGOBARDI, HENRY A
Address: 18590 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 330296003 US

Title: TD (X) Change ( ) Addition
Name: LOPEZ, JUAN A
Address: 18590 NW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 330296003

Title: SD (X) Change ( ) Addition
Name: LOPEZ, ANNE M
Address: 18590 SW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 330296003 US

I hereby certify that the information supplied with this filing does not qualify 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: JUAN A LOPEZ TD 01/08/2008
Electronic Signature of Signing Officer or Director Date