

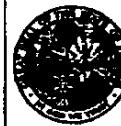
Apr 26 04 09:55p

OSCAR GUTIERREZ

2006

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000059180

1. Entity Name  
MERRY ONE HOME CARE, INC.Principal Place of Business  
1066 SW 141 COURT  
MIAMI, FL 33184Mailing Address  
1066 SW 141 COURT  
MIAMI, FL 33184

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

05-03-2006 90247 049 \*\*\*150.00

FILED  
May 03, 2006 8:00 am  
Secretary of State

04282004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MEDINA, MARIA  
911 SW 139TH PLACE  
MIAMI, FL 33184

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when changing agent)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.009. 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 PSD  Delete  
NAME MEDINA, MARIA  
STREET ADDRESS 911 SW 139TH PLACE  
CITY-ST-ZIP MIAMI, FL 33184TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME DBA Merry One ALF  
STREET ADDRESS 1066 SW 141 COURT  
CITY-ST-ZIP MIAMI, FL 33184TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/06 305547190  
Daytime Phone #