

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35700

FILED
Apr 29, 2006
Secretary of State

Entity Name: HOME HEALTH NURSING SERVICES, INC.

Current Principal Place of Business:

913 A S.W. 87 AVE.
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

913 A S. W. 87 AVE.
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 65-0331645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUVOLOSO, DANIEL
4747 COLLINS AVE. L-107
MIAMI BEACH, FL 33140 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUVOLOSO, DANIEL
Address: 14611 SW 88 STREET # 110L
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: NUVOLOSO, DANIEL
Address: 14611 S.W. 87 AVE.
City-St-Zip: MIAMI, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NUVOLOSO, DANIEL
Address: 4747 COLLINS AVE L - 107
City-St-Zip: MIAMI, FL 33140

Title: V (X) Change () Addition
Name: NUVOLOSO, MIRIAM
Address: 4747 COLLINS AVE L - 107
City-St-Zip: MIAMI, FL 33140

Title: T () Change (X) Addition
Name: ARENCIBIA, MAILYN
Address: 913 A SW 87 AVE
City-St-Zip: MIAMI, FL 33174

Title: S () Change (X) Addition
Name: PEREZ, FARAH
Address: 913 A SW 87 AVE
City-St-Zip: MIAMI, FL 33174

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: DANIEL NUVOLOSO

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date