


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jun 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # P0000039011 1. Entity Name LIZI HOME CARE ALF CORPORATION	
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Principal Place of Business 2820 SW 131ST PLACE MIAMI, FL 33175	Mailing Address 2820 SW 131ST PLACE MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



06022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1002352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, MERCEDES
1302 SW 150 AVE.
MIAMI, FL 33194

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUAREZ, MERCEDES 1302 SW 150 AVE MIAMI, FL 33194
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06/06/06-80002-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/06
Date

Daytime Phone #