

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90042 021 ***150.00

DOCUMENT # P00000039011

1. Entity Name
LIZI HOME CARE ALF CORPORATION



| | |
|---|---|
| Principal Place of Business 2820 SW 131ST PLACE MIAMI, FL 33175 | Mailing Address 2820 SW 131ST PLACE MIAMI, FL 33175 |
|---|---|



04182007 Chg-P CR2E034 (12/06)

| | |
|---|---------------------------------------|
| 2. Principal Place of Business - No P.O. Box # Suite Apt # etc | 3. Mailing Address Suite Apt # etc |
|---|---------------------------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-1002352 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 of the individual named on this form as agent acceptable (NOTE: Registered Agent signature required when changing agent) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | Delete <input type="checkbox"/> |
| P SUAREZ, MERCEDES 1302 SW 150 AVE MIAMI, FL 33194 | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Delete <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Delete <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Delete <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Delete <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: | |
|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Add <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY ST ZIP | Change <input type="checkbox"/> Add <input type="checkbox"/> |

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 supplement 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, as changed, or on an attached form, and that my name is not otherwise authorized.

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