


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90042 011 \*\*\*150.00

**DOCUMENT # P00000039011**

1. Entity Name  
 LIZI HOME CARE ALF CORPORATION



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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

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

**60025157**



04122008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 65-1002352      Not Applicable

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

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SUAREZ, MERCEDES 1302 SW 150 AVE MIAMI, FL 33194 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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      Date      Daytime Phone #