


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000101352
 1. Entity Name
 ADMIRABLE LIVING, INC.



Principal Place of Business Mailing Address
 8440 NW 10TH AVE 8440 NW 10TH AVE
 MIAMI, FL 33150 MIAMI, FL 33150

DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 86-1111010 Not Applicat..

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

6. Name and Address of Current Registered Agent
 FUNCHES, DORIS
 18041 SW 33RD STREET
 MIRAMAR, FL 33029

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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 Doris Funches Doris Funches President 3-15-06
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FUNCHES, DORIS 18041 SW 33RD STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RILEY, WILLIE 2119 NW 59TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/18/06-80012-001 150.00

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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: Doris Funches Doris Funches 3-15-06 954.3925307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #