


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000118083 1. Entity Name LAKESIDE QUALITY HOME HEALTH CARE, INC.	
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Principal Place of Business 485 W MAIN STREET SUITE A PAHOKEE, FL 33476	Mailing Address 1456 NE 180 ST N MIAMI BEACH, FL 33162
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DO NOT WRITE IN THIS SPACE



07212006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2120308	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROQUE, NATALIA M 1456 NE 180 ST N MIAMI BEACH, FL 33162
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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 _____

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 ROQUE, NATANLIA M 1456 NE 180 ST N MIAMI BEACH, FL 33162
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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: Natalia M. Roque  Date: 7/21/06 (561) 924 7675 -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #