


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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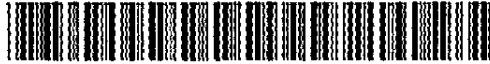
1. Entity Name
LIZGLEZ, INC.



Principal Place of Business
**201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES, FL 33134**

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01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1952460	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GONZALEZ, LIZETTE S
 201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES, FL 33134**

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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 _____ (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	PD GONZALEZ, LIZETTE S 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GONZALEZ, ALEX 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/11/06-80002-024 150.00

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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: *Lizette S. Gonzalez* Date: *4-27-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #