2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000041593

1. Entity Name
A CARING PLACE ALF INC.

Principal Place of Business	Mailing Address
13232 SW 85TH ST MIAMI, FL 33183	C/O LOPEZ ACCOUNTING 1800 W 49 STREET # 201 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

01162006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0790891	Not Applicable

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

6. Name and Address of Current Registered Agent

HUERTA, VIVIAN
13232 SW 85 ST
MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

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, 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	PD
NAME	HUERTA, VIVIAN
STREET ADDRESS	13232 SW 85TH ST
CITY-ST-ZIP	MIAMI, FL 33183

TITLE	
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CITY-ST-ZIP	

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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: _Vivian Huerta, Pres_   1/16/06   305-382-6779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #