## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P03000126501 03-22-2004 90088 032 \*\*\*158.75 1. Entity Name ALELISE HOME, INC. Principal Place of Business Mailing Address **44041010** 6230 W 18 AVENUE 6230 W 18 AVENUE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number 209127 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALGUEIRO, AIDA Street Address (P.O. Box Number is Not Acceptable) 6230 W 18TH AVENUE HIALEAH FL 33012 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TETLE ☐ Delete TITLE ☐ Change NAME ALMEIDA, ALICIA NAME 6230 W 18 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition SALGUEIRO, AIDA STREET ADDRESS STREET ADDRESS 6230 W 18th Ave CITY-ST-ZIP CiTY+S1-ZiP HIALEAH, FL 3312 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BOWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/b4

Daytime Phone #

FILED

Mar 22, 2004 8:00 am