


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90393 009 \*\*\*158.75

<b>DOCUMENT #</b> P03000126501	
1. Entity Name <b>ALELISE HOME, INC.</b>	

Principal Place of Business <b>6230 W 18 AVENUE HIALEAH FL 33012</b>	Mailing Address <b>6230 W 18 AVENUE HIALEAH FL 33012</b>
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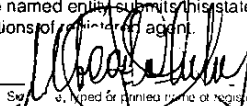


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-1209127</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>ACOSTA, WILSON 6230 W 18TH AVENUE HIALEAH FL 33012</b>		7. Name and Address of New Registered Agent Name <b>WILSON ACOSTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6230 WEST 18 AVE</b> City <b>HIALEAH</b> FL <b>33012</b>

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, the registered agent.

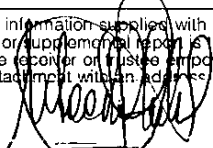
SIGNATURE  **WILSON ACOSTA (PRES)** **02-21-2007**

(NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPS <b>ACOSTA, WILSON</b> <input type="checkbox"/> Delete <b>784 N.W. 151ST AVENUE PEMBROKE PINES FL 33028</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6230 WEST 18 AVE HIALEAH FL 33012</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>ACOSTA, WILSON</b> <input type="checkbox"/> Delete <b>784 N.W. 151ST AVENUE PEMBROKE PINES FL 33028</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6230 WEST 18 AVE HIALEAH FL 33012</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder or justice 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:  **WILSON ACOSTA (PRES)** **02-21-2007** **(754) 844-0284**

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