


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000018007 1. Entity Name APRIL GROUP HOME, INC	
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Principal Place of Business 18567 SW 46 ST MIRAMAR, FL 33029 US	Mailing Address 18567 SW 46 ST MIRAMAR, FL 33029 US
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04132006 No Chg-P CRZE034 (11/05)

4. FEI Number 20-0669833	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOMEZ, RENE 18567 SW 46 ST MIRAMAR, FL 33029

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

000000512682
04/29/06-80100-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, PATRICIA 18567 SW 46 ST MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, CARLOS 18567 SW 46 ST MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, RENE 18567 SW 46 ST MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06 (954) 444-5079
Date Daytime Phone #