


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90019 038 \*\*\*150.00

<b>DOCUMENT # P05000040454</b> 1. Entity Name <b>ALEMAN CARE GIVERS, INC.</b>					
Principal Place of Business <b>4699 N. FEDERAL HIGHWAY 101-G POMPANO BEACH, FL 33064</b>			Mailing Address <b>4699 N. FEDERAL HIGHWAY 101-G POMPANO BEACH, FL 33064</b>		
2. Principal Place of Business <b>4253 NW 66 Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>4253 NW 66 Drive</b> Suite, Apt. #, etc.			
City & State <b>Coconut Creek, FL</b> Zip <b>33073</b>		City & State <b>Coconut Creek, FL</b> Zip <b>33073</b>		4. FEI Number <b>20-2507056</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIUSCA, ELIZABETH 4699 N. FEDERAL HIGHWAY 101-G POMPANO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name <b>Elizabeth Giusca</b> Street Address (P.O. Box Number is Not Acceptable) <b>4253 NW 66 Drive</b> City <b>Coconut Creek, FL</b> Zip Code <b>33073</b>		
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Elizabeth Giusca</u> <i>Elizabeth Giusca</i> <b>Feb. 02.06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GIUSCA, ELIZABETH</b> <input type="checkbox"/> Delete <b>4699 N. FEDERAL HIGHWAY, # 101-G</b> <b>POMPANO BEACH, FL 33064</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4253 NW 66 Drive</b> <b>Coconut Creek, FL 33073</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Elizabeth Giusca</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Feb. 02.06 (954) 946-8688</b> <small>Date Daytime Phone #</small>		

*Elizabeth Giusca, President*