

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90110 009 ***150.00

DOCUMENT # P05000062451

1. Entity Name

ALF MI SEVILLA HOME CARE CORP.



Principal Place of Business

8331 SW 27 ST
MIAMI FL 33155

Mailing Address

8331 SW 27 ST
MIAMI FL 33155



2. Principal Place of Business

8331 SW 27 ST
Suite, Apt. #, etc.

3. Mailing Address

13431 SW 36 ST
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Miami, Florida

City & State

Miami, FL

4. FEI Number

35-2255036

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

Florida

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRERA, ROSA LILIA
14222 SW SO ST
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name Andy Morales

Street Address (P.O. Box Number is Not Acceptable)

13431 SW 36 ST

City

Miami, FL 33175

Zip Code

33175

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

Rosa Lilia Herrera

2/2/06

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERRERA, LAZARO	
STREET ADDRESS	% 8331 SW 27 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HERRERA, ROSA LILIA	
STREET ADDRESS	% 8331 SW 27 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andy Morales	
STREET ADDRESS	13431 SW 36 ST	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daiyana Castillo	
STREET ADDRESS	13431 SW 36 ST	
CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Rosa Lilia Herrera President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-2006 305-485-1035