


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000001523 1. Entity Name ELIZABETH V, INC.	
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Principal Place of Business 3241 NW 66 STREET FORT LAUDERDALE, FL 33309 US	Mailing Address 3241 NW 66 STREET FORT LAUDERDALE, FL 33309 US
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1097333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MICHELE
334 E. MCNAS RD
POMPAÑO BEACH, FL 33062

**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 Michele Perez DATE 2-7-06
Signature typed or printed name of registered agent and of firm name. (NOTE: Registered Agent signature required when re-electing)

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PEREZ, MICHELLE 3241 NW 66 STREET FORT LAUDERDALE, FL 33309
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02/21/06-80055-011 150.00

**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 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: Michele Perez MICHELE PEREZ 2-7-06 954-943-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #