FILED
Jul 31, 2006 8:00 am
Secretary of State
03-21-2006 90018 015 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000043022

1. Entity Name

RESIDENCIA SAN LAZARO HOME CARE CORP.

Principal Place of Business	Mailing Address
7120 S.W. 92NMD AVE. MIAMI FL 33173	7120 S.W. 92NMD AVE. MIAMI FL 33173

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0604396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELVIRA
9221 S.W. 72ND ST.
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME RODRIGUEZ, ELVIRA STREET ADDRESS 7120 SW 92 AVENUE CITY-ST-ZIP MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME ALLARD, DANILO A STREET ADDRESS 12893 S.W. 10 TERR. CITY-ST-ZIP MIAMI FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Elvira Rodriguez 7/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

UNITED STATES POSTAL SERVICE.

INQUIRY SECTION

July 14, 2006

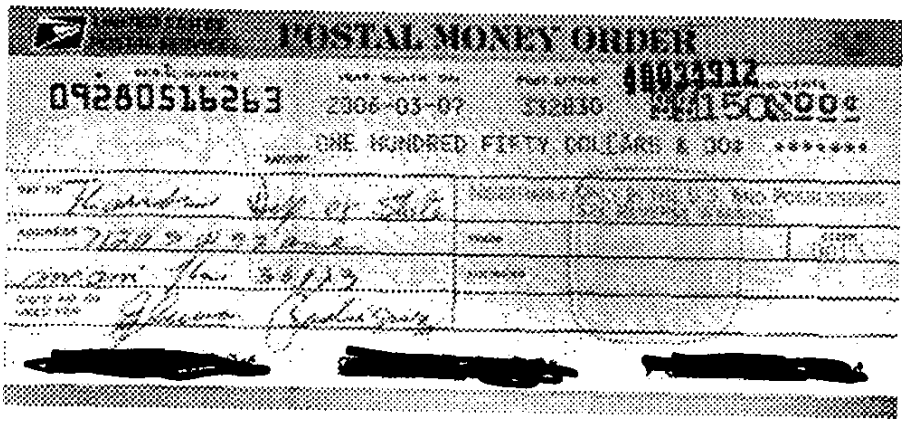
66022432
#P950000043022

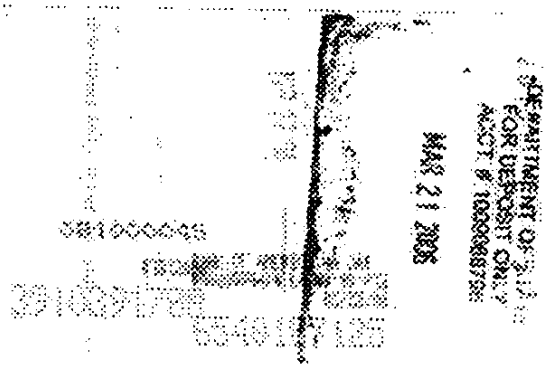
ELVIRA RODRIGUEZ
#
7120 SW 92 AVE
MIAMI, FL 33173

ILN: H6090390391788

Dear Postal Customer:

A copy of the money order per your PS Form 6401 Money Order Inquiry is below.





If you have any additional concerns or questions, write to us at the address indicated below and enclose a copy of your customer receipt and this letter.

ATTN IMAGING SERVICES
ACCOUNTING SERVICE CENTER
MONEY ORDER BRANCH
PO BOX 82428
ST. LOUIS, MO 63182-2428

1-866-974-2733