


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000043022	
1. Entity Name RESIDENCIA SAN LAZARO HOME CARE CORP.	


Principal Place of Business 7120 S.W. 92ND AVE. MIAMI, FL 33173	Mailing Address 7120 S.W. 92ND AVE. MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE

FILED

2008 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0604396	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	
RODRIGUEZ, ELVIRA 9221 S.W. 72ND ST. MIAMI, FL 33173	

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, ELVIRA 7120 SW 92 AVENUE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLARD, DANILO A 12893 S.W. 60 TERR. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/08--01037--016 **150.00

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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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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