

FROM : E LEISECA EA

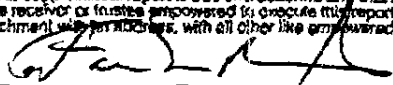
FAX NO. : 305 661-5450

Feb. 08 2006 01:31PM P1

FILED

Apr 13, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000063408 1. Entity Name FARALI HOME FOR THE ELDERLY, INC.		
Principal Place of Business 6261 NW 110 ST HIALEAH, FL 33012 US		Mailing Address 5832 WEST 18TH LANE HIALEAH, FL 33012
DO NOT WRITE IN THIS SPACE		
		
02042005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0772829		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RODRIGUEZ, FARA M 5832 WEST 18TH LANE HIALEAH, FL 33012		DO NOT WRITE IN THIS SPACE
7. 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 in printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$160.00 After May 1, 2006 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000506503 04/27/06-80023-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
RODRIGUEZ, FARA M 5832 WEST 18TH LANE HIALEAH, FL 33012		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(g), 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 my address, with all other like empowered.		
SIGNATURE: 		4-10-06 cel 305-510-3364
SIGNATURE AND TYPED OR PRINTED NAME OF EXCISING OFFICER OR DIRECTOR		Date Signature Print Name