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	Mailing Address
6261 NW 110 ST HIALEAH, FL 33012 US	5832 WEST 16TH LANE HIALEAH, FL 33012

02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 16TH 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ **$8.00** May Be Added to Fees

U00000506503
04/27/06-80023-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, FARA M
STREET ADDRESS	5832 WEST 16TH LANE
CITY-ST-ZIP	HIALEAH, FL 33012
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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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-10-06 eee-305-510-3364
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING OFFICER OR DIRECTOR Date Daytime Phone #