



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19  
Sec

<b>DOCUMENT # P99000098703</b> 1. Entity Name LUZ HOME FOR THE ELDERLY, INC.		
Principal Place of Business 810 WEST 74TH STREET HIALEAH, FL 33014	Mailing Address 810 WEST 74TH STREET HIALEAH, FL 33014	
<b>DO NOT WRITE IN THIS SPACE</b>		
		
02282005    No Chg-P    CR2E034 (10/03)		
4. FEI Number <b>65-0973999</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  COLON, JAVIER 2670 WEST 73RD PLACE HIALEAH, FL 33016		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLON, JANIER 810 WEST 74TH STREET HIALEAH, FL 33014	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TANGARIFE, LUZ MARINA 810 WEST 74TH STREET HIALEAH, FL 33014	
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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(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.		
<b>SIGNATURE:</b> <i>Javier Colon</i> <i>Luz Tangarife</i> 305/8182082 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>		