

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000017130

**Entity Name:** 330 ASSISTED LIVING CORP.

**Current Principal Place of Business:**

330 S.W. 22 ROAD  
MIAMI, FL 33129

**Current Mailing Address:**

736 NW 22ND AV.  
MIAMI, FL 33125 US

**FEI Number:** 65-1081396

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALMARALES, JOSE LACCOUNT  
736 NW 22ND AVE  
MIAMI, FL 33125 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSTD  
Name ONTIVERO, DELIA  
Address 335 S.W. 22ND ROAD  
City-State-Zip: MIAMI FL 33129

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DELIA ONTIVERO

**PRESIDENT**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date