2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N03000009569

Entity Name: ASSISTED RESIDENTIAL COMMUNITY VENTURES, INC.

Current Principal Place of Business:

115 CALABRIA AVENUE
SUITE 7
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

115 CALABRIA AVENUE
SUITE 7
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 37-1460001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTELLANOS, REINALDO ESQ.
115 CALABRIA AVENUE
SUITE 7
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: JOHNSON, KIM M
Address: N9652 HIGHLINE ROAD
City-St-Zip: KAUKAUNA, WI 54130 US

Title: D/VP ( ) Delete
Name: AMACK, THOMAS J
Address: N9652 HIGHLINE ROAD
City-St-Zip: KAUKAUNA, WI 54130 US

Title: D/T ( ) Delete
Name: DAVILA, MARIO A
Address: 247 SW 8 STREET
City-St-Zip: MIAMI, FL 33130 US

Title: D/S ( ) Delete
Name: JANE, JULIO L
Address: 4866 NW 114 COURT
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO A. DAVILA D/T 04/29/2004

Electronic Signature of Signing Officer or Director — Date