2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2003
Secretary of State

DOCUMENT# N45934

Entity Name: LATINO ELDERLY, INC.

Current Principal Place of Business:

2859 SOUTH BUMBY AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

2859 SOUTH BUMBY AVENUE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3094193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, MIGUEL
40 TROTTERS CIR
KISSIMMEE, FL 34743 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:	PD	( ) Delete
Name:	LOPEZ, SR, MIGUEL	
Address:	40 TROTTERS CIRCLE	
City-St-Zip:	KISSIMMEE, FL	
Title:	D	( ) Delete
Name:	LOPEZ, MIGUEL JR.	
Address:	40 TROTTERS CIR	
City-St-Zip:	KISSIMMEE, FL	
Title:	D	( ) Delete
Name:	LOPEZ, ADRIANA	
Address:	40 TROTTERS CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34743	
Title:	ST	(X) Delete
Name:	SMITH, SHAWN T	
Address:	5253 LAKE UNDERHILL RD	
City-St-Zip:	ORLANDO, FL 32807	

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: MIGUEL A. LOPEZ P 06/24/2003

Electronic Signature of Signing Officer or Director — Date