

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059424

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: PARADISE VILLA RETIREMENT HOME INC.

## Current Principal Place of Business:

4275 NW 67TH WAY  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

4275 NW 67TH WAY  
CORAL SPRINGS, FL 33067

## New Mailing Address:

FEI Number: 58-2566977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEWART, ROBIN P  
16167 SW 15 ST  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

STEWART, ROBIN P  
4275 NW 67 WAY  
CORAL SPRINGS, FL 33067 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:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STEWART, ROBIN P  
Address: 16107 SW 15 ST  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: S ( ) Delete  
Name: RANKINE, LISA  
Address: 16167 SW 15 ST  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: BP ( ) Delete  
Name: COLE, CLIFTON  
Address: 16167 SW 15 ST  
City-St-Zip: PEMBROKE PINES, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STEWART, ROBIN P  
Address: 16167 SW 15 ST  
City-St-Zip: PEMBROKE PINES, FL 33027

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

Title: VP (X) Change ( ) Addition  
Name: COLE, CLIFTON  
Address: 16167 SW 15 ST  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFTON COLE

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date