


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000062561
 1. Entity Name
 COLONIAL DRIVE SENIOR RESIDENCE CARE, INC.



Principal Place of Business 10220 S.W. 164TH STREET MIAMI, FL 33157	Mailing Address 10220 S.W. 164TH STREET MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1019439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOVEA, ODALYS
 13210 S.W. 55TH STREET
 MIAMI, FL 33175

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST GOVEA, ODALYS 13210 S.W. 55TH STREET MIAMI, FL 33157
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 05/28/08-80082-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Odaly Govea* Date: 4/25/08 Daytime Phone #: 305-221-8776