

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000017130

Entity Name: 330 ASSISTED LIVING CORP.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

330 S.W. 22 ROAD  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

736 NW 22ND AV.  
MIAMI, FL 33125 US

**New Mailing Address:**

FEI Number: 65-1081396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALMARALES, JOSE L ACCOUNT  
736 NW 22ND AVE  
MIAMI, FL 33125 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: PSTD  
Name: ONTIVERO, DELIA  
Address: 366 S.W. 22ND ROAD  
City-St-Zip: MIAMI, FL 33125

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

PD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date