


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000038581 1. Entity Name CORAL PARK SENIOR CARE, INC.	
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Principal Place of Business 9640 SW 10 TERR MIAMI, FL 33174	Mailing Address 9640 SW 10 TERR MIAMI, FL 33174
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	04202007	Chg-P	CR2E034 (12/06)
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number 01-0666139		
City & State	City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALVAREZ, CELSA C 3719 SW 133 COURT MIAMI, FL 33175	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	State: FL Zip Code

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 _____ DATE _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PVST <input type="checkbox"/> Delete
NAME	ALVAREZ, CELSA C
STREET ADDRESS	3719 SW 133 COURT
CITY- ST- ZIP	MIAMI, FL 33175
TITLE	D <input type="checkbox"/> Delete
NAME	ALVAREZ, CELSA C
STREET ADDRESS	3719 SW 133 COURT
CITY- ST- ZIP	MIAMI, FL 33175
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000755788
STREET ADDRESS	05/23/07-80001-002 150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 superior annual 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 alternate page with an address with all other like empowered.

SIGNATURE: *Celsa C Alvarez* *Pres* *4/18/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR