2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90476 003 ***150.00

DOCUMENT # P02000123486

1. Entity Name
WARD TOWERS ASSISTED LIVING, INC.

Principal Place of Business	Mailing Address
3000 NW 32 AVE MIAMI, FL 33142	3000 NW 32 AVE MIAMI, FL 33142

04212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7483 SW 24th Street		7483 SW 24th Street	
Suite, Apt. #, etc.: Suite 209		Suite, Apt. #, etc.: Suite 209	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33155	Country: USA	Zip: 33155	Country: USA

4. FEI Number 57-1139019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
701 BRICKELL AVE, STE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Maria N. de Pedro-Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 7483 SW 24th Street
Suite 209
City: Miami FL Zip Code: 33155

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 [signature], Maria N. de Pedro-Gonzalez 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPC	☒ Delete	TITLE	DPC	☐ Change ☒ Addition
NAME	RODEIGUEZ, RENE		NAME	DUFFIE, ALBEN	
STREET ADDRESS	1401 NW 7 STREET		STREET ADDRESS	6013 NW 7th Avenue	
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	Miami, FL 33127	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] Maria N. de Pedro-Gonzalez 4/25/05 (305) 267-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #