

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 3000 NW 32 AVE MIAMI, FL 33142	Mailing Address 3000 NW 32 AVE MIAMI, FL 33142
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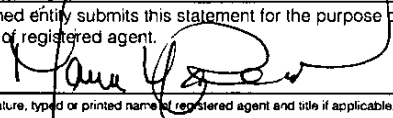
2. Principal Place of Business 7483 SW 24th Street	3. Mailing Address 7483 SW 24th Street
Suite, Apt. #, etc. Suite 209	Suite, Apt. #, etc. Suite 209
City & State Miami, FL	City & State Miami, FL
Zip 33155	Country USA



04212005 Chg-P CR2E034 (10/03)

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  , Maria N. de Pedro-Gonzalez 4/05/05
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC RODEIGUEZ, RENE 1401 NW 7 STREET MIAMI, FL 33125 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC DUFFIE, ALBEN 6013 NW 7th Avenue Miami, FL 33127 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  Maria N. de Pedro-Gonzalez 4/05/05 (305) 267-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #