

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90346 035 ***158.75

00040366



04212006 Chg-P CR2E034 (11/05)

4. FEI Number
57-1139019

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # P02000123486

1. Entity Name
WARD TOWERS ASSISTED LIVING, INC.



Principal Place of Business
7483 SW 24TH STREET
SUITE 209
MIAMI, FL 33155

Mailing Address
7483 SW 24TH STREET
SUITE 209
MIAMI, FL 33155

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
PEDRO-GONZALEZ, MARIA N
7483 SW 24TH STREET
SUITE 209
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 *Maria de Pedro Gonzalez* Maria de Pedro Gonzalez 4-22-06
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DPC DUFFIE, ALBED 6013 NW 7TH AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLER, ALLEN D. 201 ALHAMBRA CIRCLE, SUITE 602 CORAL GABLES - FL - 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELFENBEIN, PAMELA 3000 NE 151 STREET, APT 1-234 NORTH MIAMI - FL - 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, KEITH A. 100 SE 3rd AVENUE FT LAUDERDALE - FL - 33394 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABAD, MAGALI R. 2430 SW 18 STREET MIAMI - FL - 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS-WEEKS, BURNADETTE 100 SE 6th STREET FT. LAUDERDALE - FL - 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria de Pedro Gonzalez* Maria de Pedro Gonzalez 4-22-06 305-267-3624
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #