## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 31, 2008 08:00 AN **Secretary of State** DOCUMENT # P03000019373 VILLA CANDITA ALF, INC. Principal Place of Business Mailing Address 1321-1323 NW 29TH AVE. 1321-1323 NW 29TH AVE. MIAMI, FL 33125 MIAMI, FL 33125 02062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2102052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, CANDIDA DO NOT WRITE 1321-1323 NW 29TH AVE. MIAMI, FL 33125 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DIAZ, CANDIDA NAME STREET ADDRESS 1321-1323 NW 29TH AVE. U00000874224 CITY-ST-ZIP MIAMI, FL 33125 04/10/08-80109-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-11P TITLE : NAME 4 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

FILED

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:

STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR