2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080355

Entity Name: LAS FLORES CARE CENTER INC.

FILED Aug 07, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
4960 NW 188 TERR OPALOCKA, FL 33055			
Current Mailing Address:		New Mailing Address:	
4960 NW 188 TERR OPALOCKA, FL 33055			
FEI Number: 86-1075898	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
CASTRO, LOURDES 4960 NW 188 TERR OPALOCKA, FL 33055	US		

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.

SIGNATURE:

Electronic Signature of Registered Agent

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: P () Delete Title: PVP (X) Change () Addition Name: CASTRO, LOURDES Name: CASTRO, LOURDES

 Name:
 CASTRO, LOURDES
 Name:
 CASTRO, LOURDES

 Address:
 4960 NW 188 TERR
 Address:
 4960 NW 188 TERR

 City-St-Zip:
 OPALOCKA, FL 33055
 City-St-Zip:
 OPALOCKA, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES CASTRO P 08/07/2007