

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000130243</b>	
1. Entity Name PHOENIX SENIOR LIVING, INC.	
Principal Place of Business 4861 NW 103 DRIVE CORAL SPRINGS, FL 33076	Mailing Address 4861 NW 103 DRIVE CORAL SPRINGS, FL 33076



04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0393487	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROMAN, GABRIELA  
6793 NW 81 COURT  
PARKLAND, FL 33067

**DO NOT WRITE  
IN THIS SPACE**

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 *Gabriela Roman*  
Signature, typed or printed name of registered agent and title if applicable.

*Gabriela Roman*  
(NOTE: Registered Agent signature required when reinstating)

*4/11/05*  
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**

UN00000305479  
04/14/05-80083-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PVST
NAME	ROMAN, GABRIELA
STREET ADDRESS	6793 NW 81 COURT
CITY-ST-ZIP	PARKLAND, FL 33067

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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: *Gabriela Roman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gabriela Roman, President*

*4/11/05 (93) 346-0122*  
Date Daytime Phone #