

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90173 010 ***150.00

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|---|---|--|---|---------------------------------------|--|
| DOCUMENT # P03000130243 | | | | | |
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0393487 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROMAN, GABRIELA 6793 NW 81 COURT PARKLAND, FL 33067 | | | 7. Name and Address of New Registered Agent Name: <u>Gabriela Roman</u> Street Address (P.O. Box Number is Not Acceptable): <u>6123 NW 56 Drive</u> City: <u>Coral Springs</u> FL Zip Code: <u>33067</u> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Gabriela Roman</u> <u>Gabriela Roman</u> <u>4/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$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 | PVST ROMAN, GABRIELA 6793 NW 81 COURT PARKLAND, FL 33067 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6123 NW 56 Drive Coral Springs, FL 33067 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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: <u>Gabriela Roman</u> | | <u>4/17/06</u> <u>(954) 682-1985</u> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | |

Gabriela Roman, President