

2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 07, 2005 8:00 am
Secretary of State

05-02-2005 90434 036 ***150.00

DOCUMENT # P04000045562 1. Entry Name ADULT LIVING CENTER OF MIAMI, INC.					
Principal Place of Business 8357 W. FLAGLER STREET 134 MIAMI, FL 33144			Mailing Address 8357 W. FLAGLER STREET 134 MIAMI, FL 33144		
2. Principal Place of Business 801 BRICKELL BLVD Suite, Apt. #, etc. APT. 1071 City & State MIAMI, FL Zip 33131		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 		4. FEI Number P04000045562 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04202005 Chg-P CR2E024 (10/03) 20-0856126	
6. Name and Address of Current Registered Agent DIEZ, LISSETTE 8357 W. FLAGLER STREET 134 MIAMI, FL 33144			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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DIEZ, LISSETTE STREET ADDRESS 8357 W. FLAGLER STREET, SUITE 134 CITY-ST-ZIP MIAMI, FL 33144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input 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	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/27/05 Daytime Phone: 305-266-1964		

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