

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123941

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: MARIA-LUCIA ASSISTED LIVING FACILITY, CORP.

**Current Principal Place of Business:**

20503 NW 47 TH AVE  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

13021 N W 18 TH AVE  
MIAMI, FL 33167

**New Mailing Address:**

FEI Number: 84-1655583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LORTHE, PIERRE-FLAVIE M  
1422 N., W. 132 AVE  
PEMBROKE, PINES, FL 33028      US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALI, MARIE J  
Address: 13021 NW 18 AVE  
City-St-Zip: MIAMI, FL 33167

Title: O ( ) Delete  
Name: RODRIGUEZ, ROSEMARIE J  
Address: 13021 N.W 18 AVE  
City-St-Zip: MIAMI, FL 33167

Title: VPD ( ) Delete  
Name: BERANGER, SHIRLEY  
Address: 13021 NW 18 AVE  
City-St-Zip: MIAMI, FL 33167

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY BERANGER

VPD

04/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date