2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123941

City-St-Zip:

MIAMI, FL 33167

MARIA-LUCIA ASSISTED LIVING FACILITY, CORP

FILED Apr 28, 2008 Secretary of State

Entity Name: MARIA-LUCIA ASSISTED LIVING FACILITY, CORP.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	47 TH AVE RDENS, FL 3	3055			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
13021 N W MIAMI, FL	18 TH AVE 33167				
FEI Number:	84-1655583	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LORTHE, PIERRE-FLAVIE M 1422 N., W. 132 AVE PEMBROKE, PINES, FL 33028 US			DELIA, NATHALIE 7220 N.W. 20TH STRE SUNRISE, FL 33313	7220 N.W. 20TH STREET	
The above in the State		submits this statement for the pu	ırpose of changing its registered	office or registered agent, or both,	
SIGNATURE: NATHALIE DELIA				04/28/2008	
	Electro	nic Signature of Registered Ager	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (ALI, MARIE J 13021 NW 18 . MIAMI, FL 331		Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	•		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VPD (X BERANGER, S 13021 NW 18		Title: (Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROSEMARIE J. RODRIGUEZ O 04/28/2008