

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123941

FILED  
Apr 28, 2008  
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:**

DELIA, NATHALIE  
7220 N.W. 20TH STREET  
SUNRISE, FL 33313 US

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: NATHALIE DELIA

04/28/2008

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 (X) 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 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: ROSEMARIE J. RODRIGUEZ

O

04/28/2008

Electronic Signature of Signing Officer or Director

Date