

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90040 011 \*\*\*150.00

<b>DOCUMENT # P05000005882</b>					
<b>1. Entity Name</b> PHOENIX SENIOR LIVING II, INC.					
<b>Principal Place of Business</b> 5882 NW 73RD CT PARKLAND, FL 33067 US			<b>Mailing Address</b> 5882 NW 73RD CT PARKLAND, FL 33067 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 57-1216540	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ROMAN, GABRIELA 5882 NW 73RD CT PARKLAND, FL 33067				<b>7. Name and Address of New Registered Agent</b> 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> <b>FL</b> Zip Code: <u>33067</u>	
<b>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.</b> SIGNATURE: <u>Gabriela Roman</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMAN, GABRIELA 5882 NW 73RD CT PARKLAND, FL 33067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Gabriela Roman 6123 NW 56 Drive Coral Springs, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMAN, GABRIELA 5882 NW 73RD CT PARKLAND, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMAN, GABRIELA 5882 NW 73RD CT PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMAN, GABRIELA 5882 NW 73RD CT PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<b>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.</b>					
<b>SIGNATURE:</b> <u>Gabriela Roman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/10/07 (954) 682-1985 Date Daytime Phone #		

Gabriela Roman, President