2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # P05000041632** PHOENIX SENIOR LIVING III, INC. Principal Place of Business Mailing Address 10020 NW 50TH MANOR 10020 NW 50TH MANOR CORAL SPRINGS, FL 33078 CORAL SPRINGS, FL 33078 No Chg-P CR2E034 (11/05) 04082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0981191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROMAN, GABRIELA DO NOT WRITE 6123 NW 56 DRIVE CORAL SPRINGS, FL 33067 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE ROMAN, GABRIELA NAME STREET ADDRESS 6123 NW 56 DRIVE CORAL SPRINGS, FL 33067 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

FILED

Gabriela Roman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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