

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097230

FILED
Aug 01, 2006
Secretary of State

Entity Name: BAYAMO ASSISTED LIVING FACILITY, INC

Current Principal Place of Business:

1199 BAYAMO AVE.
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1870 SW JANETTE AVE
PORT ST LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 14-1933963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARTER, VALERIE E
1870 SW JANETTE AVE
PORT ST. LUCIE, FL 34953 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CARTER, DENNIS A
Address: 1870 SW JANETTE AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP () Delete
Name: CARTER, VALERIE E
Address: 1870 SW JANETTE AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: DIRE (X) Delete
Name: TAVARES, MURIEL R
Address: 2311 SW MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: DIRE (X) Delete
Name: HERON, SYLVIA
Address: 2300 SW MONTERREY LANE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: SEC () Delete
Name: CARTER, VALERIE E
Address: 1870 SW JANETTE AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: TREA () Delete
Name: CARTER, DENNIS A
Address: 1870 SW JANETTE AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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:

Title: () Change () Addition
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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: VALERIE CARTER

VP

08/01/2006

Electronic Signature of Signing Officer or Director

_____ Date