

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125004

FILED  
May 11, 2007  
Secretary of State

Entity Name: MM ASSISTED LIVING FACILITY INC.

**Current Principal Place of Business:**

113 NE 7TH ST  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

113 NE 7TH ST  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 20-3452997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KERLEW, MICHAEL  
2213 E ATLANTIC BLVD  
POMPANO BEACH, FL 33062 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: PD ( ) Delete  
Name: BICKERS, MALGORZATA  
Address: 113 NE 7TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete  
Name: ADDISON, MARCUS  
Address: 113 NE 7TH ST  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MALGORZATA BICKERS

PD

05/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date