## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

Rodrey almerda

## DOCUMENT # P05000165742 1. Entity Name

ALMEIDA AT TAMPA, INC.

Principal Place of Business

7374 SW 93RD AVENUE SUITE 201 MIAMI, FL 33173

Mailing Address

7374 SW 93RD AVENUE SUITE 201

MIAMI, FL 33173

## FILED May 08, 2008 8:00 am Secretary of State

05-08-2008 90015 039 \*\*\*150.00



04092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3837691

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

ALMEIDA, RODNEY 7374 SW 93RD AVENUE SUITE 201 MIAMI, FL 33173

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| · · · · · · · · · · · · · · · · · · ·  |  |               |              |
|--|--|---------------|--------------|
| 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  |  |               |              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  | 9. Election Campaign Final<br>Trust Fund Contribution. |               |              |
| 10. OFFICERS AND DIRECTORS   |  | 1. 當的一一樣!「中市」 | 少数学的中华地位的特别的 |
| TITLE PSD  NAME ALMEIDA, RODNEY  STREET ADDRESS 7374-6W-99RD AVENUE SUITE 20  MIAMI, FL 33173  | <del>1</del>   |               |              |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Charlotte, NC 2821   |  |               |              |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |  |               | NOT WRITE    |
| TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP   |  | IN. I         | HIS SPACE    |
| TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP   |  |               |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |               |              |
| 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 lave the same logar offect 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 Chaptel 607, Flyrida 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. |  |               |              |