

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

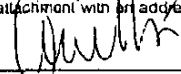
FILED

**Feb 28, 2007 8:00 am
Secretary of State**

02-07-2007 90044 022 ***150.00



1st MOORE CR2E034 (10/06)

DOCUMENT # P06000008658					
1. Entity Name AMWIL ASSISTED LIVING, INC.					
Principal Place of Business 840 SW 8TH STREET POMPANO BEACH FL 33060 US			Mailing Address 840 SW 8TH STREET POMPANO BEACH FL 33060 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number #20-4171887	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLANES, WILFREDO 8207 FOREST CITY ROAD ORLANDO FL 32810				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LLANES, WILFREDO		NAME		
STREET ADDRESS	8207 FOREST CITY ROAD		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32810		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LLANES, ANTONIETTE		NAME		
STREET ADDRESS	8207 FOREST CITY ROAD		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32810		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, or in another like empowered.					
SIGNATURE: 			ANTONIETTA LLANES 1/29/07 (407) 970-2886		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		