


FILED
Feb 05, 2007 8:00 am
Secretary of State

00011978

DOCUMENT # P06000043782		02-05-2007 90107 047 ***150.00	
1. Entity Name MALIBU LOVE AND CARE ASSISTED LIVING FACILITY, INC.			
Principal Place of Business 6461 JOHNSON STREET HOLLYWOOD, FL 33024		Mailing Address 2410 W. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025	
2. Principal Place of Business - No P.O. Box # Malibu Love & Care Assisted L.F.		3. Mailing Address 2410 Westlake Miramar Circle	
Suite, Apt. #, etc. 6461 Johnson Street		Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Miramar	
Zip 33024		Country Broward	
4. FEI Number 16-1750301		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAMS, LAURNA 7161 PEMBROKE ROAD #600 PEMBROKE PINES, FL 33023		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PS JAIPaul, ELMINA 2410 W. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VT ATHANASSOPOULOS, BEVERLY 2410 W. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
SIGNATURE: _____ Beverly Athanassopoulos		1-29-07 954-243-9815	