

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90003 015 ***550.00



DOCUMENT # P06000043782				1. Entity Name MALIBU LOVE AND CARE ASSISTED LIVING FACILITY, INC.	
Principal Place of Business MALIBY LOVE & CARE ASSITED LF 6461 JOHNSON STREET HOLLYWOOD, FL 33024					
Mailing Address 2410 WESTLAKE MIRAMAR CIRCLE MIRAMAR, FL 33025				2. Principal Place of Business - No P.O. Box #	
3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 16-1750301	
Zip		Country		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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 reconstituting)					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAIPAUL, ELMINA	NAME			
STREET ADDRESS	2410 W. LAKE MIRAMAR CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ATHANASSOPOULOS, BEVERLY	NAME			
STREET ADDRESS	2410 W. LAKE MIRAMAR CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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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 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: <i>D. B. Jaipaul</i>		Elmina Jaipaul		7/8/08 954-243-9815	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	