


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90481 024 \*\*\*158.75

DOCUMENT # P06000045148			
1. Entity Name EDAD DE ORO SENIOR CARE, INC.			
Principal Place of Business 12833 SW 256 TERRACE HOMESTEAD, FL 33032		Mailing Address 12833 SW 256 TERRACE HOMESTEAD, FL 33032	
2. Principal Place of Business - No P.O. Box # 17891 SW 152 CT		3. Mailing Address 17891 SW 152 CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33187	Country	Zip 33187	Country
6. Name and Address of Current Registered Agent GIGATO, RODOLFO L 12833 SW 256 TERRACE HOMESTEAD, FL 33032		7. Name and Address of New Registered Agent Name: Edad de Oro Senior Care, Inc. Street Address (P.O. Box Number is Not Acceptable): 17891 SW 152 CT City: MIAMI FL Zip Code: 33187	
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: <i>Rosen</i> DATE: 04/25/07			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	P GIGATO, RODOLFO L 12833 SW 256 TERRACE HOMESTEAD, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: X <i>Rosen</i>		DATE: 04/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4917277 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required