

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045860

Entity Name: B&J ALF OF FLORIDA, INC.

FILED  
Feb 04, 2008  
Secretary of State

**Current Principal Place of Business:**

2415 N 20TH AVENUE  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2415 N 20TH AVENUE  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 20-4595567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, BETHETIA  
1621 NW 114TH TERRACE  
PLANTATION, FL 33323 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, BETHETIA  
Address: 1621 NW 114TH TERRACE  
City-St-Zip: PLANTATION, FL 33323

Title: VP ( ) Delete  
Name: BISPOTT, JOAN  
Address: 834 NW 132ND AVENUE  
City-St-Zip: SUNRISE, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETHETIA WILLIAMS

P

02/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date