

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058568

FILED
Feb 06, 2007
Secretary of State

Entity Name: SANTA LUCIA NURSING SERVICES, CORP

Current Principal Place of Business:

9499 COLLINS AVE., #607
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9499 COLLINS AVE., #607
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-4773214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, ERNESTO
6741 SW 28TH TERRACE
MIAMI, FL 331553805 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: PTD () Delete
Name: MORENO, ERNESTO
Address: 6741 SW 28TH TERRACE
City-St-Zip: MIAMI, FL 331553805

Title: V () Delete
Name: MARTINEZ-GARCIA, ELISA
Address: 9499 COLLINS AVE., #607
City-St-Zip: SURFSIDE, FL 33154

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 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: ERNESTO MORENO

PTD

02/06/2007

Electronic Signature of Signing Officer or Director

Date