

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000060068

Entity Name: ELITE ARBOR CARE INC.

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2213 50TH ST S W  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

2213 50TH ST S W  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 71-1005888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROMAN, SANTIAGO JR.  
2213 50TH ST S W  
NAPLES, FL 34116 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: ROMAN III, SANTIAGO Q MR.  
Address: 2213 50TH ST. S.W.  
City-St-Zip: NAPLES, FL 34116

Title: VP  
Name: ROMAN, ISAAC B MR.  
Address: 2213 50TH ST. S.W.  
City-St-Zip: NAPLES, FL 34116

Title: PRES  
Name: ROMAN, SANTIAGO JR.  
Address: 2213 50TH ST. S.W.  
City-St-Zip: NAPLES, FL 34116

I hereby 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 all other like empowered.

SIGNATURE: SANTIAGO ROMAN JR.

PRES

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date