

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90119 019 \*\*\*150.00

**DOCUMENT # P06000130616**

1. Entity Name

**ASSISTED LIVING BUSINESS CONSULTANTS, INC.**



Principal Place of Business

**1200 SW 22 TERR  
MIAMI FL 33145**

Mailing Address

**1200 SW 22 TERR  
MIAMI FL 33145**

2. Principal Place of Business - No P.O. Box #

**1800 SW 1<sup>st</sup> ST**

3. Mailing Address

**1800 SW 1<sup>st</sup> ST**

Suite, Apt. #, etc.

**202**

Suite, Apt. #, etc.

**202**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33125**

Country

**USA**

Zip

**33125**

Country

**USA**

1st MOORE

CR2E034 (10/07)

4. FEI Number

**64-0950227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, JORGE A PA  
150 ALHAMBRA CIRCLE SUITE 1240  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **FRANKLIN HERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)

**8835 SW 107<sup>th</sup> AVE**

**#222**

City **MIAMI,**

**FL**

Zip Code

**33176**

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

*[Signature]*

**FRANKLIN HERNANDEZ**

**4-4-08**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete  
NAME **SOLANO, ROXANA**  
STREET ADDRESS **1200 SW 22 TERR**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Roxana Solano*

**ROXANA SOLANO**

**4-5-08 206-5342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation