FOR PROFIT CORPORATION ANNUAL REPORT (2011)

For Office Use Only

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DOCUMENT #
1. Entity Name
P07000058667
SAN JUDAS ASSISTED LIVING FACILITY INC.

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8275 SW 47th TER	1331 SW 93rd CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33155 Country: USA	Zip: 33174 Country: USA

CR2E034B (11/08)

4. FEI Number: 260268739 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: FERNANDA S. ABREU

Street Address (P.O. Box Number is Not Acceptable): 1331 SW 93rd CT

City: MIAMI FL Zip Code: 33174

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] 5/10/2011

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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	PRESIDENT
NAME	FERNANDA S. ABREU
STREET ADDRESS	1331 SW 93rd CT
CITY-ST-ZIP	MIAMI FL 33174
TITLE	VICE PRESIDENT
NAME	MAURO A. ABREU
STREET ADDRESS	1331 SW 93rd CT
CITY-ST-ZIP	MIAMI FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/11-01027-003 **150.00

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11 MAY 17 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MAURO A. ABREU 5/10/2011 305-8124485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FN 5-23-4