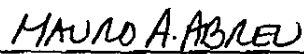


FOR PROFIT CORPORATION ANNUAL REPORT (2011)

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name P07000058667 SAN JUDAS ASSISTED LIVING FACILITY, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business - No P.O. Box # 8275 SW 4TH TER		3. Mailing Address 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
4. FEI Number 260268739		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
DO NOT WRITE IN THIS SPACE		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 		DATE 5/10/2011	
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT FERNANDA S. ABREU 1331 SW 93RD CT MIAMI FL 33174		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT MAURO A. ABREU 1331 SW 93RD CT MIAMI FL 33174		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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 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: 		Date 5/10/2011 305-8124485	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

800207780408
05/17/11 01027-003 **150.00

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11 MAY 17 AM 11:15
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DEPT OF STATE
CORPORATION
ASSISTED. FLORIDA

FILED

725-23-4