

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000069560

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** CROSSROADS ASSISTED LIVING CENTER, INC.

**Current Principal Place of Business:**

7960 NW 181 STREET  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

7960 NW 181 STREET  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 83-0485722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERO, JOSEPH  
6276 W 22 LANE  
HIALEAH, FL 33016 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: P  
Name: RIVERO, JOSEPH  
Address: 6276 W 22 LANE  
City-St-Zip: HIALEAH, FL 33016

Title: VP  
Name: RODAS, MAYRA  
Address: 7835 W 30 CT #216  
City-St-Zip: HIALEAH, FL 33018

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:** MAYRA RODAS

V P

01/27/2010

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

\_\_\_\_\_  
Date