2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State				
DOCUMENT # P07000085302 1. Entity Name							04-28-2008 9	0361 03	6 ***150.	00
1. Entity Name EL VIEJO SOL ALF, CORP										
Principal Place	of Business		Mailing Address			40000	บบบ			
4163 NE 16		•	4163 NE 16 STREET		٠					
HOMESTEAD,	FL 33033		HOMESTEAD, FL 33033			-				
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Z. Principal Pi		ness - No P.O. Box #	3. Mailing Address						1100 1110 1110 110	 13 13 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172008	Chg-P	CR2E)34 (12/06)	
City & State			City & State			4 FELNumb	-0620	983	¬ → →	plied For t Applicable
Zip	ATC.	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add	
-	6. Name	and Address of Curren	t Registered Agent			7. Name and	Address of New I	Registered		
CORRALES, MIRTA					Name				,	
4163 NE 10 HOMESTE					Street Address	Street Address (P.O. Box Number is Not Acceptable)				
ς.	***									
					City			FL		
	named entiti ions of regist		or the purpose of changing its	s register	ed office or registe	ered agent, or bo	th, in the State of Fl	lorida. I am	familiar with,	and accept
SIGNATURE										
	Signature, typed	or printed name of registered ager	nt and title il applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE	· · · · · ·	
FILI	Signature, typed	FEE IS \$150.00 8 Fee will be \$550	9Election_Camps	aign,Finar	ncing \$5	5.00 May Be -ded to Fees		DATE		
FILI	Signature, typed	FEE IS \$150.00	9Election.Campa Trust Fund Con	aign,Finar	ncing \$5	5.00 May Be - ded to Fees	ÇHANGES TO OF		D DIRECTOR:	S IN 11
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

4/21/8

246 7059 Daytime Phone #