

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066157

FILED  
Sep 04, 2009  
Secretary of State

Entity Name: CARE GUARDIANS ASSISTED LIVING INC.

## Current Principal Place of Business:

1940 105TH TERRACE  
PEMBROKE PINES, FL 330261 US

## New Principal Place of Business:

12647 SW 137 AVE  
MIRAMAR, FL 33027 US

## Current Mailing Address:

2647 SW 137TH AVE  
MIRAMAR, 33027 US

## New Mailing Address:

2647 SW 137TH AVE  
MIRAMAR, FL 33027 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRANT, SONIA B  
2647 SW 137 AVE  
MIRAMAR, FL 33027 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRANT, SONIA B  
Address: 2647 SW 137 AVE  
City-St-Zip: MIRAMAR,, FL 33027 US

Title: SEC ( ) Delete  
Name: GRANT, SONIA B  
Address: 2647 SW 137 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIRE ( ) Change (X) Addition  
Name: CARTWRIGHT, MARCIA  
Address: 15837 WAVERLY MANOR  
City-St-Zip: DAVIE, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SONIA GRANT

PRES

09/04/2009

Electronic Signature of Signing Officer or Director

Date