

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066157

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** CARE GUARDIANS ASSISTED LIVING INC.

**Current Principal Place of Business:**

12647 SW 137 AVE  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

2647 SW 137TH AVE  
MIRAMAR, FL 33027 US

**New Mailing Address:**

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

Title: DIRE  
Name: CARTWRIGHT, MARCIA  
Address: 15837 WAVERLY MANOR  
City-St-Zip: DAVIE, FL 33331 US

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: SONIA GRANT

PRES

04/06/2010

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

\_\_\_\_\_  
Date