

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000013157

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY ALF SERVICES, INC.

**Current Principal Place of Business:**

1250 NW 126TH ST  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

1250 NW 126TH ST  
MIAMI, FL 33167

**New Mailing Address:**

**FEI Number:** 90-0659401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POITEVIEN, ORETTE  
939 NW 206TH ST  
MIAMI GARDENS, FL 33169 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

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** POITEVIEN, ORETTE  
**Address:** 939 NW 206TH ST  
**City-St-Zip:** MIAMI GARDENS, FL 33169

**Title:** VP  
**Name:** POITEVIEN, HARRY  
**Address:** 939 NW 206TH ST  
**City-St-Zip:** MIAMI GARDENS, FL 33169

**Title:** S  
**Name:** POITEVIEN, SHEILA  
**Address:** 939 NW 206TH ST  
**City-St-Zip:** MIAMI GARDENS, FL 33169

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:** ORETTE POITEVIEN

PT

04/30/2012

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

\_\_\_\_\_  
Date