

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000346

Entity Name: PASADENA AT PLS, INC.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

3350 BRIDLE PATH LANE
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

3350 BRIDLE PATH LANE
WESTON, FL 33331 US

New Mailing Address:

FEI Number: 65-0460832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT B MILLER
3350 BRIDLE PATH LANE
WESTON, FL 33331 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 () Delete
Name: MILLER, ROBERT B
Address: 1000 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL

Title: VPS () Delete
Name: MILLER, LEONARD
Address: 1000 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL

Title: VPT () Delete
Name: BERGER, ADOLPH J
Address: 1000 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL

Title: V () Delete
Name: KALIN, MORTON
Address: 1000 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, ROBERT B
Address: 3350 BRIDLE PATH LANE
City-St-Zip: WESTON, FL 33331

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT B MILLER

P

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date