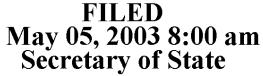
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000076534 **DOCUMENT #** 1. Entity Name SUNELOWERS ELDERLY INC.



05-05-2003 90115 001 ***150.00

00/1/201	veno eldener mo.			N. T.				
Principal Plac 1391 W. 40 ST HIALEAH FL 3		1391 W. 40	Mailing Address 1391 W. 40 ST. HIALEAH FL 33012		:			
2. Principal F	Place of Business	3. Mailing A	3. Mailing Address			1851 (16 18110 81111 881)) 88111 88111 1		()))) ())) ())
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			☐ CHECK HERE IF MA	KING CHANGES	;
City & Star	te	City & Sta	City & State			65-0699965		pplied For lot Applicable
Zip	Country	Zip	C	ountry	5. Certifica	ate of Status Desired	\$8.75 Ac Fee Requir	
	6. Name and Address of Cur	ent Registered Age	ent		7. Name a	nd Address of New Registe	ered Agent	
				Name				
RICO, MAI 1391 WES			Street Address		(P.O. Box Number is Not Acceptable)			
HIALEAH I	FL 33012							
				City		· · · · · · · · · · · · · · · · · · ·	FL Zip Co	de
	e named entity submits this statemetions of registered agent.	nt for the purpose of	changing its regis	stered office or register	red agent, or b	ooth, in the State of Florida.	I am familiar with	, and accept
CICNIATIUME								
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regis	stered Agent signature required	when reinstating)		DATE	
F	ILE NOW!!! FEE IS \$150.00		_			Floation Committee Financia	. 65	00
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State					I	Election Campaign Financin Trust Fund Contribution.		00 May Be ed to Fees
10.		AND DIRECTORS		11.	ADDITION	S/CHANGES TO OFFICERS	S AND DIRECTOR	RS IN 11
	PD SACTANOS ANTONIO S	[TITLE			☐ Change	Addition
NAME STREET ADDRESS	CASTANOS, ANTONIO 1391 W 40TH ST		100	NAME STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012			CITY-ST-ZIP				
TITLE		E	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	~ 4			NAME				
STREET ADDRESS CITY-ST-ZIP	, ;			STREET ADDRESS CITY-ST-ZIP				
TITLE				TITLE			☐ Change	Addition
NAME .		_		NAME			onango	
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE [‡] NAME				TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP			t c	CITY-ST-ZIP			٠,	
TITLE			Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME				NAME				
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TITLE	<u> </u>	Г		TITLE			☐ Change	Addition
NAME		L	1	NAME				nation
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP		* d		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supply mental 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 of 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: