

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005200

FILED
Feb 01, 2008
Secretary of State

Entity Name: SWEET HOME ADULT RESIDENCE, INC.

Current Principal Place of Business:

3455 S.W. 142ND PLACE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

3455 S.W. 142ND PLACE
MIAMI, FL 33175

New Mailing Address:

13562 SW 38LN
MIAMI, FL 33175

FEI Number: 65-0720430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, GERMAN JR
3455 S.W. 142ND PLACE
MIAMI, FL 33175 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: D () Delete
Name: GONZLAEZ, GERMAN JR
Address: 3455 S.W. 142ND PLACE
City-St-Zip: MIAMI, FL 33175

Title: VM () Delete
Name: GOZALEZ, ZELDA
Address: 3455 SW 142 PLACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GOZALEZ, SARA ZELDA
Address: 3455 SW 142 PLACE
City-St-Zip: MIAMI, FL 33175

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: SARA ZELDA GONZALEZ

VP

02/01/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date