2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

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DOCUMENT # P97000048953 1. Entity Name AILIN LIVING FACILITY INC.					05-02-2005 90465 012 ***150.00					
Principal Place of Business Mailing Address					Ì					
7005 WEST 16TH AVENUE HIALEAH, FL 33014		7005 WEST 16TH AVENUE HIALEAH, FL 33014								
					1 (68)(88) (8		ENI erin biro li	ACIA (310) B il an (3		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Number			⊢	plied For	
Zip Country		Zip	Country	<u>-</u> -	65-0777 5. Certificate of	of Status Desired		\$8.75 Add	t Applicable ditional	
	6 Name and Address of Comme			7 Nama and	Address of Name	Donistand		<u> </u>		
6. Name and Address of Current Registered Agent					/. Name and /	Address of New I	negistered	Agent		
SANSON, ROBERTO				Name						
7005 WES	T 16TH AVE. FL 33014		Street	Address (P.O. Box Numbe	r is Not Acceptab	le) 			
			İ							
			City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	e	
8. 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. I am familiar with, and accept the obligations of registered agent.										
CIONATHIDE 3										
SIGNATURE 4. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
L		_ <u></u>	1 44		ADDITIONS #	CLIANCES TO SE	TICEDO ANI	DIRECTOR	C (N) 11	
10.	PTS OFFICERS AND		11.	Ŧ	ADDITIONS/	CHANGES TO OF	FICERS AN	☐ Change	Addition	
TITLE NAME	SANSON, ROBERTO	☐ Delete	NAME					☐ Grange	Acception	
STREET ADDRESS	7005 WEST 16TH AVENUE		STREET ADDRESS							
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	1						
TITLE		☐ Delete	TITLE			-		Change	Addition	
NAME			NAME							
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CITY-ST-ZIP			CETY-ST-ZIP							
TITLE		☐ Delete	TITLE	1	·			Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-71P	I		CITY-ST-ZIP	1						

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 supplemental 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 or 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:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/20/05

Daytime Phone #