

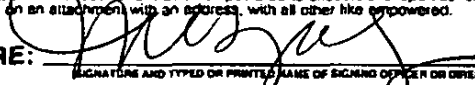


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90039 035 \*\*\*158.75

<b>DOCUMENT # P98000024932</b>			
1. Entity Name <b>TIFFANY SENIOR RESIDENCE, INC.</b>			
Principal Place of Business 19240 SW 124 CT MIAMI FL 33177		Mailing Address 18615 TIFFANY DRIVE MIAMI FL 33157	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0825302</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, MARGARITA 18615 TIFFANY DR. MIAMI FL 33157		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.			
SIGNATURE: 		DATE: <b>3/18/06</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST GONZALEZ, MARGARITA 19240 S.W. 124 CT. MIAMI FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 in an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: <b>305 2531786 3/18/06</b>	

305  
588-7303  
305  
278-7314



ATTACHMENT  
66006719

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2006

TIFFANY SENIOR RESIDENCE, INC.  
18615 TIFFANY DRIVE  
MIAMI, FL 33157

Subject: **TIFFANY SENIOR RESIDENCE, INC.**

Reference Number: **P98000024932**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd

ANNUAL REPORTS SECTION



2/23 - was paid  
ATTACHMENT  
66006719

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

TIFFANY SENIOR RESIDENCE, INC.  
18615 TIFFANY DRIVE  
MIAMI, FL 33157

Tiffany Senior Residence, Inc. 20-00 L.P. No. 22741 Corp Miami, FL 33157	20010300 2/15/06	2741
Florida Dept of State	\$ 158.75	
One hundred & fifty-eight & 75/100		
SUNTRUST	65-0825303	<i>Margaret Bost</i>

Subject: ~~TIFFANY SENIOR RESIDENCE, INC.~~

Ck # 2741 02/23 \$158.75

Reference Number: P98000024932

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

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/JE  
ANNUAL REPORTS SECTION

*P.S. Money was send to you on 2/15/06  
off # 2741 for \$158.00. I have not receive  
cancel check yet. But I will send you*

P.O. BOX 6327 - Tallahassee, Florida 32314

*Another check. Please check computer.  
Margaret Bost*

305 253-1786 Home - Cell 305 3887303