2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

| ANNUAL REPURI | | | | | | | | Secretary of State | | | | |
|--|----------|---|-----------------|---|-------------|---|---|--------------------------------|-----------------|------------------------------------|--------------------|---------------------------|
| DOCUMENT # P98000062165 1. Entity Name | | | | | | | | 05-02-2005 90466 013 ***150.00 | | | | |
| CARÉ AND LOVE RETIREMENT RESIDENCE, INC. | | | | | | | | | | | | |
| Principal Place of Business | | | | Mailing Address | | | | | | | | |
| 642 EAST 21ST STREET HIALEAH, FL 33013 | | | 6 | 642 EAST 21ST STREET HIALEAH, FL 33013 | | | | | | • | | |
| | | | | | | | | | | 30 08 - 1 218 | HERI HRIE BIIRI EN | |
| 2. Principal Place of Business | | | 3. | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04272005 | Chg-P | CR2E | 034 (10/03) | |
| City & State | | | | City & State | | | | 4. FEI Numb | | | | plied For t Applicable |
| Zip Country | | | | Zip | Coun | try | 5. Certificate of Status Desired | | | | \$8.75 Add | litional |
| | 6. Name | and Address of Curren | t Regis | stered Agent | | 7. Name and Address of New Registered Agent | | | | | | |
| CARRIL, MARITZA E | | | | | | Name | | | | | | |
| 642 EAST HIALEAH, | 21ST STF | REET | | Street Address (| | | P.O. Box Numb | per is Not Acceptable | e) | | *** | |
| | | | | | | | | | | | | |
| | | | | | | City | | | | FL 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 a the obligations of registered agent. | | | | | | | | | | | and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | <u> </u> |
| Assemble those a humbs to a common after that the tribherone (IAO IE: Digition of Vi | | | | | | | | | | - CATE | · | + |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5 . Add | .00 May Be ed to Fees | | | | |
| 10. OFFICERS AND | | | D DIRECTORS 11. | | | | | ADDITIONS | /CHANGES TO OFF | ICERS AN | D DIRECTORS | 3 IN 11 |
| TITLE | PST | | | | | | *************************************** | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | CARRIL, MARITZA 642 EAST 21ST STREET | | | | IAME Treet address | | | | | | |
| CITY-ST-ZIP | • | | | | | -ST-ZIP | | | | | | |
| TITLE | | | | · Delete | TITLE | | | | | | ☐ Change | ■ Addition |
| NAME STREET ADDRESS | | | | NAME STREI | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | |
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| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | |
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| NAME STREET ADDRESS | | | | | NAM STRE | E Et address | | | | | | |
| CITY-ST-ZIP | | , | | | | -ST-ZIP | | | | | | |
| TITLE | | | | ☐ Defete | TITLE | 1 | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | | | NAM | E Et address | | | | | | |
| CITY-ST-ZIP | | | | | 1 | -ST-ZIP | | | | | | |
| TITLE | | · | | □ Delete | TITLE | : | | | | | Change | ☐ Addition |

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Daytime Phone #