

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062165

FILED
May 23, 2007
Secretary of State

Entity Name: CARE AND LOVE RETIREMENT RESIDENCE, INC.

Current Principal Place of Business:

642 EAST 21ST STREET
HIALEAH, FL 33013

New Principal Place of Business:

14748 SW 56 STREET
STE: 214
MIAMI, FL 33185

Current Mailing Address:

642 EAST 21ST STREET
HIALEAH, FL 33013

New Mailing Address:

14748 SW 56 STREET
STE: 214
MIAMI, FL 33185

FEI Number: 65-0849660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRIL, MARITZA E
642 EAST 21ST STREET
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

CARRIL, MARITZA E
14748 SW 56 STREET
STE: 214
MIAMI, FL 33185 US

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

05/23/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CARRIL, MARITZA
Address: 642 EAST 21ST STREET
City-St-Zip: HIALEAH, FL 33013

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: RODRIGUEZ, EUSTAQUIO B
Address: 14748 SW 56 STREET APT#214
City-St-Zip: MIAMI, FL 33185

Title: VP/D () Change (X) Addition
Name: CARRIL, MARITZA E
Address: 14748 SW 56 STREET APT#214
City-St-Zip: MIAMI, FL 33185

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: MARITZA E. CARRIL

Electronic Signature of Signing Officer or Director

VP/D

05/23/2007

Date