2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State
02-08-2005 90017 009 ***150.00

1st MOORE CR2E034 (10/04)

DOCUMENT # P98000089494

1. Entity Name
KATHY'S LOVING FACILITY A.L.F. II CORP.

Principal Place of Business	Mailing Address
326 W 11 STREET HIALEAH FL 33012	326 W 11 STREET HIALEAH FL 33012

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0870307 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, ADA K 4731 W 8 PLACE HIALEAH FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

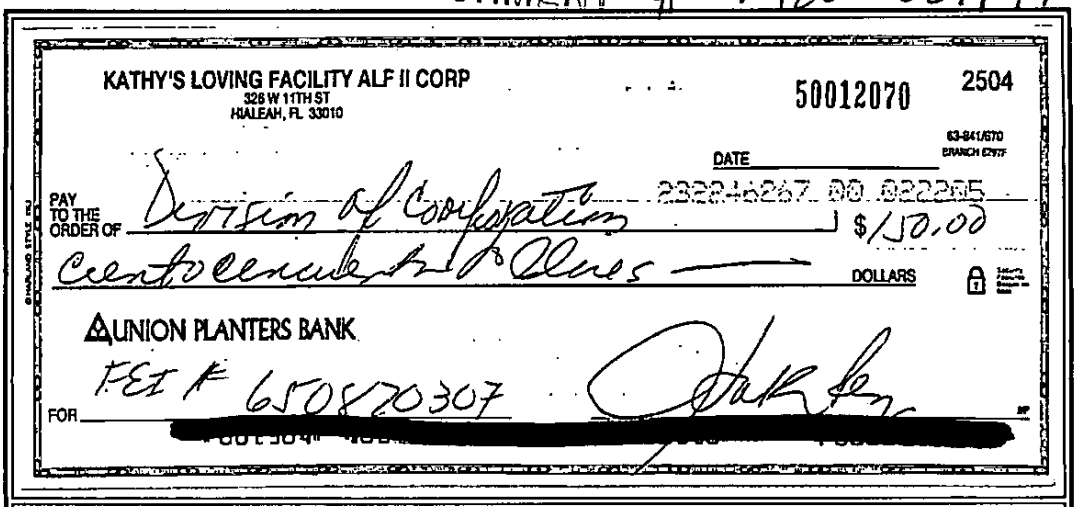
9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREZ, ADA K 4731 W 8 PT HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CALLZO, KATRINA 4731 W 8 PKWY HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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.

SIGNATURE: [signature] President 05/01/05 786 200-2289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT # P98000089494 (660941900)



KATHY'S LOVING FACILITY ALF II CORP
328 W 11TH ST
HIALEAH, FL 33010

50012070 2504

63-841/670
BRANCH 67977

DATE

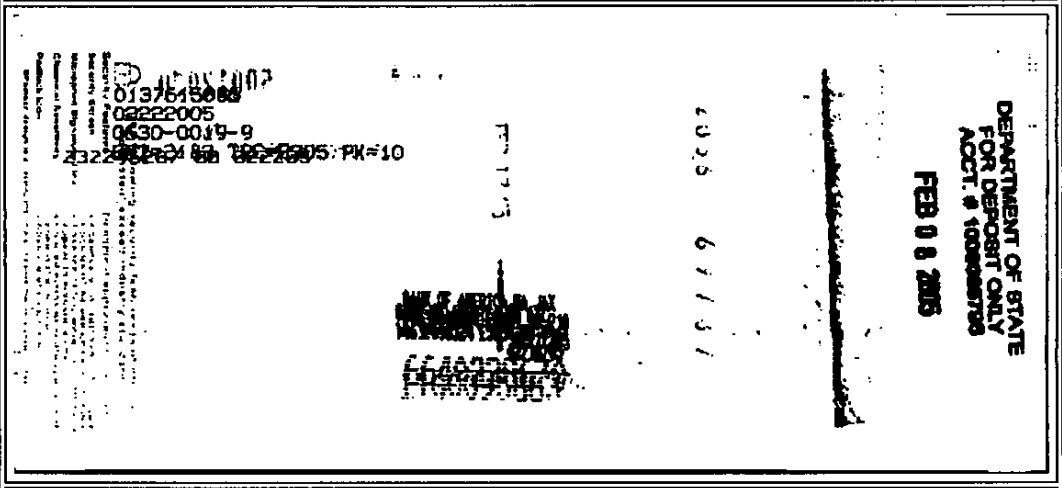
PAY TO THE ORDER OF Division of Corporations 232246267 00 022205 $150.00

Cientocincuenta & 00/100 DOLLARS

UNION PLANTERS BANK

FEI # 650820307

FOR [redacted]



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02222005
0630-0019-9
232246267 00 022205 PK=10

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 100000000700
FEB 0 8 2005

Posted Date	20050222
Bank	124
R/T	6700841
Account	9660308520
Check	2504
Amount	150.00
DIN	232246267
Secondary DIN	0
Secondary Check	0
Secondary Account	0
Tran. Code	95
Media	M-T
status	

06/30/05

We sent to you on 04/19 of

ATTACHMENT

Check # 2504 Date 02-22-05

X # 150.00 Paid to Division of

Corporation

Reference # P98000089494

Thank you for your support.

Antonietta

Oakley.

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this is Second Request

please if you need more

information call me

at any time (786) 200-2289

Thank

Oakley.