

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095026

Entity Name: K & K. ADULT CARE CENTER INC.

FILED  
Aug 03, 2004  
Secretary of State

## Current Principal Place of Business:

17205 NW 87 AVE.  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

17205 NW 87 AVE.  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 65-0874730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, ALFREDO  
17205 NW 87 AVE.  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

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

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: P ( ) Delete  
Name: VALDES, ALFREDO  
Address: 17205 NW 87 AVE.  
City-St-Zip: MIAMI, FL 33015

Title: V (X) Delete  
Name: VALDES, ROSA  
Address: 17205 NW 87 AVE.  
City-St-Zip: MIAMI, FL 33015

Title: T (X) Delete  
Name: PINEDA, MARIA  
Address: 17205 NW 87 AVE.  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change ( ) Addition  
Name: VALDES, ALFREDO  
Address: 17205 NW 87 AVE.  
City-St-Zip: MIAMI, FL 33015

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALFREDO VALDES

P

08/03/2004

Electronic Signature of Signing Officer or Director

Date