

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 050 ****61.25

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01252006 Chg-NP CR2E037 (11/05)

DOCUMENT # 741116 1. Entity Name ARCHBISHOP CARROLL MANOR, INC.			
Principal Place of Business 11440 N. KENDALL DR STE E-201 MIAMI, FL 33176 US		Mailing Address 11440 N. KENDALL DR STE E-201 MIAMI, FL 33176 US	
2. Principal Place of Business <i>11410 N. Kendall DR.</i> Suite, Apt. #, etc. <i>SUITE - 201</i>		3. Mailing Address <i>11410 N. Kendall DR.</i> Suite, Apt. #, etc. <i>SUITE 201</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33176</i>		Zip <i>33176</i>	
Country <i>US</i>		Country <i>US</i>	
4. FEI Number 59-1876357		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FITZGERALD, J. PTRICK, ESQ. 110 MERRICK WAY SUITE 2-C CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABELLO, EUGENE 6522 SW 136 CT MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINLIVAN, J. MARK 5730 SW 74TH ST STE 300 SOUTH MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOMARRIBA, MARCOS 13401 NW 28 AVE OPA LOCKA, FL 33054 ☐ 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 exemptions contained 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 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 617, 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: <i>Mark Quinlivan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/30/06</i> Daytime Phone: <i>305-757-2824</i>	