

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90085 035 ****61.25

DOCUMENT # 741116 1. Entity Name ARCHBISHOP CARROLL MANOR, INC.					
Principal Place of Business 11410 N. KENDALL DR STE E-201 MIAMI, FL 33176 US			Mailing Address 11410 N. KENDALL DR STE E-201 MIAMI, FL 33176 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1876357	
Zip		Country		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	
FITZGERALD, J. PTRICK, ESQ. 110 MERRICK WAY SUITE 2-C CORAL GABLES, FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	SD Garcia, Rolando Rev 1111 SW 107 Ave Miami, FL 33174
		☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/17/07 305-757-2820 Date Daytime Phone #					