

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90125 006 ****61.25

DOCUMENT # 742241

1. Entity Name
ST. DOMINIC GARDENS, INC.



Principal Place of Business

**11410 N KENDALL DR
STE 201
MIAMI, FL 33176 US**

Mailing Address

**11410 N KENDALL DR
STE 201
MIAMI, FL 33176 US**

4000111



DO NOT WRITE IN THIS SPACE

03312008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1876359

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FITZGERALD, PATRICK J.
110 MERRICK WAY
SUITE 2C
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	GARCIA, ROALNDO A
STREET ADDRESS	1111 SW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	PD
NAME	QUINLIVAN, J. MARK
STREET ADDRESS	5730 SW 74 ST STE 300
CITY-ST-ZIP	S MIAMI, FL 33143
TITLE	ST
NAME	SOMARRIBA, MARCOS REV
STREET ADDRESS	13401 NW 28TH AVE
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08

Date

305-757-2824

Daytime Phone #