
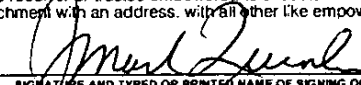


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90036 035 ****61.25

DOCUMENT # 762250			
1. Entity Name STELLA MARIS HOUSE, INC.			
Principal Place of Business 11410 N KENDALL DR 201 MIAMI, FL 33176 US		Mailing Address 11440 N. KENDAL DR STE E-209 MIAMI, FL 33176 US	
2. Principal Place of Business		3. Mailing Address 11410 N. Kendall DR.	
Suite, Apt. #, etc.		# 201	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33176	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FITZGERALD, PATRICK J. 110 MERRICK WAY SUITE 2C 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input type="checkbox"/> De'lete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLIVAN, J MARK	NAME	
STREET ADDRESS	5730 S.W. 74TH ST. S 300	STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> De'lete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELLO, EUGENE	NAME	
STREET ADDRESS	6522 SW 136 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> De'lete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMARRIBA, MARCOS REV	NAME	
STREET ADDRESS	13401 NW 28TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33054	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> De'lete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> De'lete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 1/25/2006 Day/nc Phone #: 305.757.2824	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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01182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2199601 Applied For Not Applicable

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