## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000433

SOMARRIBA, MARCOS REV

13401 NW 28 AVE.

OPA LOCKA, FL 33054

Name: Address:

City-St-Zip:

FILED Mar 02, 2009 Secretary of State

Entity Name: ST. BONIFACE GARDENS, INC. **Current Principal Place of Business: New Principal Place of Business:** 11410 N KENDALL DR #201 MIAMI, FL 33176 **Current Mailing Address: New Mailing Address:** 11410 N KENDALL DR #201 MIAMI, FL 33176 FEI Number: 65-0984174 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: J. PATRICK FITZGERALD, ESQUIRE 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete QUINLIVAN, J.M. Name: Name: Address: 5730 SW 74 ST., #300 Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: SD Title: ( ) Delete () Change () Addition Name: GARCIA, ROLANDO Name: Address: 111 SW 107 AVE Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: J. MARK QUINLIVAN PD 03/02/2009