


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N08863**  
 1. Entity Name  
**ARCHBISHOP HURLEY HALL, INC.**



Principal Place of Business 11410 N KENDALL DR 201 MIAMI, FL 33176 US	Mailing Address 11410 N KENDALL DR 201 MIAMI, FL 33176 US
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01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 59-2533819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FITZGERALD, J PATRICK, ESQUIRE**  
**110 MERRICK WAY**  
**SUITE 2-C**  
**CORAL GABLES, FL 33134**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD QUINLIVAN, J. M 5730 SW 74TH ST, STE. 300 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY ST ZIP	VD ABELLO, EUGENE 6522 SW 136 CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY ST ZIP	ST SOMARRIBA, MARCOS REV 13401 NW 28TH AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY ST ZIP	
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U00000431724  
 02/23/06-80040-003 61.25

**DO NOT WRITE 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 an other like empowered.

SIGNATURE: *Maui Seun* 1/25/2006 305-757-2824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-to-Phone #