


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000007291 1. Entity Name ST. ANNE'S GARDENS, INC.	
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Principal Place of Business 11410 N KENDALL DR # 201 MIAMI, FL 33176	Mailing Address 11410 N KENDALL DR # 201 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0895598	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

**J. PATRICK FITZGERALD, ESQUIRE
110 MERRICK WAY
SUITE 3-B
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 _____ (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	PD
NAME	QUINLIVAN, J M
STREET ADDRESS	5730 SW 74 ST # 300
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	SD
NAME	GARCIA, ROLANDO
STREET ADDRESS	1111 SW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	ST
NAME	SOMARRIBA, MARCUS REV.
STREET ADDRESS	13401 NW 28 AVE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/08-80085-002 61.25

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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: *James J. ...* **4-8-08** **305-757-2824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #