2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-78P

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P05000074691 04-17-2006 90346 005 ***158.75 SAINT FRANCISCO OF ASSISI ALF, INC. Principal Place of Business Mailing Address 22500 SW 87TH AVE 22500 SW 87TH AVE MIAMI, FL 33170 MIAMI, FL 33170 2. Principal Place of Business 22500 SW 187 Avenue 3. Mailing Address 20500 SCU 187 PUENICE Suite, Apt. #, etc. 04122006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For MIAMI - FI MIAMI - FI 33170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Guiller-Bonness, Azprina GUILLEN-BORREGO, AZAHIRA Street Address (P.O. Box Number is Not Acceptable) 22500 SW 87TH AVE MIAMI, FL 33170 MIAmi City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Cullen-Bonness, Azhhina 225005 W 187 AVE TITLE ☐ Delete TITLE **Change** ☐ Addition GUILLEN-BORREGO, AZAHIRA NAME NAME STREET ADDRESS 22500 SW 87TH AVE STREET ADDRESS mipmi - F1 33170 CITY-ST-ZIP MIAMI, FL 33170 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 607, 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.

- Kalena Sullin -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

305 BBS -1022