

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 24, 2010
Secretary of State

DOCUMENT# 710647

Entity Name: ST. ANDREW'S RESIDENCE OF THE PALM BEACHES, INC.**Current Principal Place of Business:**208 FERN ST
WEST PALM BEACH, FL 33401 US**New Principal Place of Business:****Current Mailing Address:**208 FERN ST
WEST PALM BEACH, FL 33401 US**New Mailing Address:**525 NE 15 STREET
MIAMI, FL 33132 US**FEI Number:** 59-6180131**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RASMUS, PAUL REV.
100 NORTH PALM WAY
LAKE WORTH, FL 33460 US**Name and Address of New Registered Agent:**BUSTO, MERCEDES
1450 BRICKELL BAY DRIVE
SUITE 2007
MIAMI, FL 33131 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: MERCEDES BUSTO

09/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: FRADE, LEOPOLD
Address: 525 NE 15 STREET
City-St-Zip: MIAMI, FL 33132 US

Title: DT
Name: HUSTON, TOM
Address: 525 NE 15 STREET
City-St-Zip: MIAMI, FL 33132 US

Title: DS
Name: VALDES, CRIS
Address: 525 NE 15 STREET
City-St-Zip: MIAMI, FL 33132 US

Title: D
Name: HOBBS, BRYAN
Address: 525 NE 15 STREET
City-St-Zip: MIAMI, FL 33132 US

Title: D
Name: BUSTO, MERCEDES
Address: 1450 BRICKELL BAY DRIVE, SUITE #2007
City-St-Zip: MIAMI, FL 33132 US

I hereby 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 all other like empowered.

SIGNATURE: CRIS VALDES

DS

09/24/2010

Electronic Signature of Signing Officer or Director

Date