## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## Secretary of State **DOCUMENT #711370** 04-13-2007 90158 044 \*\*\*\*61.25 ST. ELIZABETH GARDENS, INC. Principal Place of Business Mailing Address 40000004 11410 N KENDALL DR 11410 N KENDALL DR # 201 # 201 MIAMI, FL 33176 US MIAMI, FL 33176 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-6194087 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FITZGERALD, J. PATRICK ESQ. 110 MERRICK WAY, STE 2-C Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ST TITLE ☐ Delete TITLE ☐ Change ■ Addition SOMARRIBA, MARCOS REV NAME NAME STREET ADDRESS 13401 NW 28TH AVE STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 CITY-ST-ZIP Delete ☐ Change **K** Addition TITLE Garcia, Rolando ABELLO, EUGENE NAME NAME 1111 SW 107 Ave 6522 SW 136 CT STREET ADDRESS STREET ADDRESS Miami, FL 33174 CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition QUINLIVAN, J. MARK NAME NAME STREET ADDRESS STREET ADDRESS 5730 SW 74 ST., #300 CITY-ST-ZIP SOUTH MIAMI, FL 33183 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 13, 2007 8:00 am

Daytime Phone #