
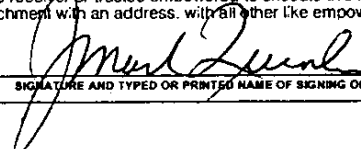


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90036 035 \*\*\*\*61.25

<b>DOCUMENT # 762250</b> 1. Entity Name <b>STELLA MARIS HOUSE, INC.</b>					
Principal Place of Business <b>11410 N KENDALL DR</b> <b>201</b> <b>MIAMI, FL 33176 US</b>			Mailing Address <b>11440 N. KENDAL DR</b> <b>STE E-209</b> <b>MIAMI, FL 33176 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>11410 N. Kendall DR.</b> <b># 201</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>59-2199601</b>	
Zip <b>33176</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FITZGERALD, PATRICK J.</b> <b>110 MERRICK WAY</b> <b>SUITE 2C</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>QUINLIVAN, J MARK</b> <b>5730 S.W. 74TH ST. S 300</b> <b>SOUTH MIAMI, FL 33143</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>ABELLO, EUGENE</b> <b>6522 SW 136 CT</b> <b>MIAMI, FL 33183</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>SOMARRIBA, MARCOS REV</b> <b>13401 NW 28TH AVE</b> <b>OPA LOCKA, FL 33054</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 				<b>1/25/2006</b> <b>305.757.2824</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Day-Mo Phone #	