


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90131 014 ****61.25

DOCUMENT # 762250	
1. Entity Name STELLA MARIS HOUSE, INC.	

Principal Place of Business 11410 N KENDALL DR 201 MIAMI, FL 33176 US	Mailing Address 11410 N KENDALL DR 201 MIAMI, FL 33176 US
---	---

DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2199601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FITZGERALD, PATRICK J.
110 MERRICK WAY
SUITE 3B
CORAL GABLES, FL 33134**

DO NOT WRITE
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINLIVAN, J MARK 5730 S.W. 74TH ST. S 300 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, ROLANDO 1111 SW 107 AVE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOMARRIBA, MARCOS REV 13401 NW 28TH AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:  **4-8-08** **305.757.2824**

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