


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007190 1. Entity Name SISTERS OF THE HEART, INC.	
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Principal Place of Business 25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131	Mailing Address 25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131
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01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1053760 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROQUE, SUSANA RICE 25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIPPINGILLE, BONIE 175 NW 1ST AVE, ROOM 235 MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROQUE, SUSANA RICE 25 SE 2ND AVENUE STE 1242 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, COLLETE M C/O C.L.T. COURTHOUSE CTR., 175 NW 1ST AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000389548
01/20/06-80052-016 61.25

**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:  **SUSANA RICE ROQUE** **1/13/2006 (305) 374-2117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #