## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009833

8600 SW 43 ST

City-St-Zip: MIAMI, FL 33155

Address:

Entity Name: ST AGATHA - FMMAUS INC

FILED Aug 28, 2007 Secretary of State

Entity Na	me: ST. AGATHA - EMMAUS, INC.	
Current Principal Place of Business:		New Principal Place of Business:
Current Mailing Address:  New Mailing Address:  7140 SW 19 TERRACE MIAMI, FL 33155  FEI Number: 56-2310988 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certi In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New R  PEREZ, GONZALO 7915 CORAL WAY MIAMI, FL 33155  US  The above named entity submits this statement for the purpose of changing its registered office of in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO C  Title: D () Delete Name: GARCIA, MANUEL Address: 7140 SW 19 TERRACE City-St-Zip: MIAMI, FL 33155  City-St-Zip: MIAMI, FL 33165  City-St-Zip: MIAMI, FL 33165	New Mailing Address:	
In accordan	nce with s. 607.193(2)(b), F.S., the corporation	n did not receive the prior notice.
Name and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
7915 CÓR	RAL WAY	
		or the purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
		ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	GARCIA, MANUEL 7140 SW 19 TERRACE	Name: Address:
Title: Name: Address: City-St-Zip:	PEREZ, GONZALO 7915 CORAL WAY	Name: Address:
Title: Name: Address: City-St-Zip:	MOR, RICARDO 3716 SW 112 PLACE	Name: Address:
Title: Name: Address: City-St-Zip:	DEL RIEGO, ERNESTO	Name:
Title: Name:	D ( ) Delete ALONSO, JORGE	Title: ( ) Change ( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GONZALO PEREZ D 08/28/2007