


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02702
 1. Entity Name
ARCHBISHOP MCCARTHY RESIDENCE, INC.



Principal Place of Business 11440 N. KENDALL DR STE E-209 MIAMI, FL 33176 US	Mailing Address 11440 N. KENDALL DR STE E-209 MIAMI, FL 33176 US
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02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2444487	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FITZGERALD, J. PATRICK ESQ
 110 MERRICK WAY, STE 2-C
 338 MINORGA AVE
 CORAL GABLES, FL 33134

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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 re-stating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

000000037313
 03/26/04-80033-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINLIVAN, J MARK 5730 S.W. 74 ST STE 300 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABELLO, EUGENE 6522 SW 136 CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOMARRIBA, MARCOS 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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other like empowered.

SIGNATURE: *Mark Quinn* 3/17/2004 305 757-2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oursing Phone #