2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N29377 1. Entity Name PHOENIX MANOR, INC.

FILED Feb 26, 2007 08:00 Al Secretary of State

Principal Place of Business

3941 SW 89 AVE MIAMI, FL 33165 US Mailing Address

11031 NE 6 AVE MIAMI, FL 33161

1 US



DO NOT WRITE IN THIS SPACE

01312007 No Chg-NP

CR2E037 (4/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ-GARCIA, ILEANA 11031 NE 6TH AVE MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

| | | | | | But he profit to the same this come |
|---|---|--|--|--|--|
| 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, 2007 | Election Campaign Finar Trust Fund Contribution. | | 5.00 May Be dded to Fees | |
| 10. | OFFICERS AND DIRE | CTORS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | P FERNANDEZ, JORGE A 150 ALHAMBRA CIR STE 1240 MIAMI, FL 33134 | | | The state of the s | /U00000647345 /03/06/07-80067-021/61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SOKOLOW, CAROL 10241 SW 142ND STREET MIAMI, FL 33176 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MOSS, MICHAEL A 3090 SW 140TH AVE HOLLYWOOD, FL 33027 | | | DO | NOT WRITE |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | S DUMAINE, MARIAN 199TH TERR MIAMI, FL 33179 | | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | e de la companya de l | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

12. I hereby certify that the information supplied with the fitting 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 frue and factor 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 Vuete 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:

TYPHIOH KOIZ-C

2-22-01 305-398

Daytime Phone #