

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29377

FILED
Apr 13, 2009
Secretary of State

Entity Name: PHOENIX MANOR, INC.

Current Principal Place of Business:

3941 SW 89 AVE
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

11031 NE 6 AVE
MIAMI, FL 33161 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: FERNANDEZ, JORGE A
Address: 150 ALHAMBRA CIR STE 1240
City-St-Zip: MIAMI, FL 33134

Title: TRES () Delete
Name: SOKOLOW, CAROL
Address: 9500 S. DADELAND BLVD., SUITE 700
City-St-Zip: MIAMI, FL 33156

Title: VCOB () Delete
Name: MOSS, MICHAEL A
Address: 3090 SW 140TH AVE
City-St-Zip: HOLLYWOOD, FL 33027

Title: SECT () Delete
Name: DUMAINE, MARIAN
Address: 199TH TERR
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCOB (X) Change () Addition
Name: ABADIN, LOURDES
Address: 201 S. BISCAYNE BLVD., SUITE 2826
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ILEANA RUIZ-GARCIA

VP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date