

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90101 031 ****61.25

DOCUMENT # N94000001959

1. Entity Name
PEACEFUL HAVEN RANCH GROUP HOME, INC.



Principal Place of Business
**12601 STIRLING RD
SOUTHWEST RANCHES, FL 33330 US**

Mailing Address
**12601 STIRLING ROAD
FORT LAUDERDALE, FL 33330 US**

60003594



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
12601 STIRLING RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State
SOUTHWEST RANCHES, FL.

4. FEI Number
65-0527329

Applied For
Not Applicable

Zip

Country

Zip

Country

33330

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GABLE, MICHAEL P
4000 HOLLYWOOD BLVD S735
STE 735 S.
HOLLYWOOD, FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALBERT, GIL
11956 S.W. 54 ST.
COOPER CITY, FL 33330** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUCELLATO, CARL
2830 PALMER DR.
HOLLYWOOD, FL 33021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GABLE, MICHAEL P
4000 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLORES, JORGE L
5694 S.W. 114 AVE.
COOPER CITY, FL 33330** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FERNANDEZ, ALBERTO E
6051 NORTH OCEAN DRIVE #1105
HOLLYWOOD, FL 33019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
FERNANDEZ, ALBERTO JR
12277 SW 55 ST SUITE 901
COOPER CITY, FL 33330** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
NELSON FERNANDEZ
12443 GRAND OAKS DR
DAVIE, FL. 33330** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
ALBERTO FERNANDEZ JR.
12483 GRAND OAKS DR.
DAVIE, FL. 33330** ☒ Change ☐ Addition

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:

ALBERTO E. FERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/07 954 689 0151