2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P02000096436** 1. Entity Name MAYRA'S ALF #3, INC. Principal Place of Business Mailing Address 2750 NW 16 TERRACE 2750 NW 16 TERRACE MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 32-0029963 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHALA, JULIANA Street Address (P.O. Box Number is Not Acceptable) 2750 NW 16 TERRACE MIAMI FL 33125 Zip Code City 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 rematating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TIRE ☐ Change Addition NAME CHALA, JULIANA NAME U00000548004 STREET ADDRESS 2750 NW 18 TERRACE STREET AODRESS 05/12/06-80047-005 150.00 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio RITLE ☐ Delete SILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete T Attend TITLE TITLE ☐ Change NAME NAME STREE I ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Defete Acres ☐ Change TOTLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIF CHTY-ST-BP □ Change HTLE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplieriental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

FILED

4/27/06 305-442-1458