


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90188 047 ***150.00

DOCUMENT # P02000100679 1. Entity Name STEVIBA HEALTHCARE, INC.					
Principal Place of Business 7650 N W 183RD TERRACE MIAMI, FL 33015			Mailing Address 3032 S.W. 129 TERRACE MIRAMAR, FL 33027		
2. Principal Place of Business <i>3032 SW 129 Terr.</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Miramar, FL</i>		City & State City: Zip:		4. FEI Number 01-0744305	
Zip <i>33027</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASANTE, JANNE MARCELA 7650 N W 183RD TERRACE MIAMI, FL 33015			7. Name and Address of New Registered Agent Name <i>Janne Marcela Basante.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3032 SW 129 Terr</i> City <i>Miramar</i> FL Zip Code <i>33027</i>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASANTE, JANNE MARCELA 7650 N W 183RD TERRACE MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Basante, Janne Marcela. 3032 SW 129 Terr Miramar, FL 33027.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 607, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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