

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-28-2004 90005 007 ***150.00

DOCUMENT # P03000071256

1. Entity Name
NONA'S ADULT CARE FACILITY, INC.



Principal Place of Business
**6700 SW 57 TERRACE
MIAMI, FL 33143**

Mailing Address
**6700 SW 57 TERRACE
MIAMI, FL 33143**

00461040



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05092004 Chg-P CF2E034 (10/03)

4. FEI Number
51-0473439

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MESTRE, OCTAVIO E
C/O LAW OFFICES OCTAVIO E. MESTRE
7385 SW 87 AVE STE 100
MIAMI, FL 33173**

7. Name and Address of New Registered Agent
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 submitting) DATE _____

**FILE NOW!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

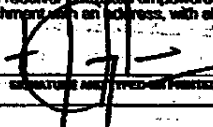
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, MAYDA 6700 SW 57 TERRACE MIAMI, FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **6-5-04**
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date Daytime Phone #

Attachment [REDACTED]

66-427500

NONA'S ADULT CARE FACILITY, INC.
6700 SW 57 TERRANCE
MIAMI, FL 33143

May 12, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Doc.#P03000071256 Four hundreds Dollars late fee

To Whom It May Concern:

This is the first time that I have received the 2004 UBR and I'm kindly requesting a waiver for the penalty in the amount of four hundred dollars.

Your prompt attention to this matter will be appreciated. Should you have any questions please do not hesitate to call me at (305) 740-7722

Sincerely,



Mayda Silva
Director