2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90346 005 ***158.75

DOCUMENT # P05000074691

1. Entity Name
SAINT FRANCISCO OF ASSISI ALF, INC.

Principal Place of Business	Mailing Address
22500 SW 87TH AVE MIAMI, FL 33170	22500 SW 87TH AVE MIAMI, FL 33170

04122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
22500 SW 187 Avenue	22500 SW 187 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami - Fl 33170	City & State: Miami - Fl
Zip: 33170 / Country: USA	Zip: 33170 / Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILLEN-BORREGO, AZAHIRA
22500 SW 87TH AVE
MIAMI, FL 33170

7. Name and Address of New Registered Agent

Name: Guillen-Borrego, Azahira
Street Address (P.O. Box Number is Not Acceptable): 22500 SW 187 Avenue
Miami -
City FL Zip Code 33170

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] DATE 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P GUILLEN-BORREGO, AZAHIRA 22500 SW 87TH AVE MIAMI, FL 33170	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guillen-Borrego, Azahira 22500 SW 187 Ave Miami - Fl 33170	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: [signature] 4/12/2006 305 888-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #