2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000043232

1. Entity Name
MEADOW WOOD MANOR, SECT. # 3, INC.

FILED
Aug 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
12438 SW 266 LANE
MIAMI, FL 33032

Mailing Address
12438 SW 266 LANE
MIAMI, FL 33032

07252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4931499
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MARIA V
12438 SW 266 LANE
MIAMI, FL 33032

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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

FILE NOW!! FEE IS $550.00
Due by September 12, 2008

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

U00000958378
08/25/08-80006-016 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAZ, MARIA V
STREET ADDRESS	12438 SW 266 LANE
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maria V. Diaz 8-20-08 305-257-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #