

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037270

Entity Name: SANTA FLORA ALF, INC

FILED
Sep 10, 2008
Secretary of State

Current Principal Place of Business:

19005 SW 320 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

19005 SW 320 STREET
HOMESTEAD, FL 33030

New Mailing Address:

24201 SW 192 AVE
HOMESTEAD, FL 33031

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUINTERO, LYUVIA
24201 SW 192 AVE
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

ONE STOP SHOP ENTERPRISES INC
10961 SW 186 STREET
CUTLER BAY, FL 33157 US

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.

SIGNATURE: JACQUELINE GAINZA

09/10/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLOPIZ, RAMON
Address: 24201 SW 192 AVE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: S/T () Delete
Name: QUINTANA, LYUVIA
Address: 24201 SW 192 AVE
City-St-Zip: HOMESTEAD, FL 33031 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUINTANA, ALEIDA
Address: 24201 SW 192 AVE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: S/T (X) Change () Addition
Name: QUINTANA, ALBERTO
Address: 24201 SW 192 AVE
City-St-Zip: HOMESTEAD, FL 33031 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEIDA QUINTANA

P

09/10/2008

Electronic Signature of Signing Officer or Director

Date