2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000049855

1. Entity Name
ENGRACIA'S RETIREMENT HOME, INC.

Principal Place of Business	Mailing Address
10460 S.W. 41ST TERRACE MIAMI, FL 33165	10460 S.W. 41ST TERRACE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

05282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0671286
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARDOSO, RITA
13371 SW 34 ST
MIAMI, FL 33175

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

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	P
NAME	CARDOSO, RITA M
STREET ADDRESS	13371 SW 34 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	S
NAME	ROMERO, JULIO LAZARO
STREET ADDRESS	10460 S.W. 41ST TERRACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/03/04-00003-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/30/04 (305) 228-6067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #