2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095840

Entity Name: SANTOVENIA ADULT DAY CARE INC.

FILED Apr 27, 2004 Secretary of State

 13359 BIRD ROAD
 13359 SW 42 STREET

 MIAMI, FL 33175
 MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

13359 BIRD ROAD 13359 SW 42 STREET MIAMI, FL 33175 MIAMI, FL 33175

FEI Number: 65-0875744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARISABEL, PERDOMO
13359 BIRD ROAD
13359 SWW 42 STREET
MIAMI, FL 33175
MIAMI, FL 33175

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: 04/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: PERDOMO, MARISABEL Name: Address: 13363 SW 42 ST Address:

 Address:
 13363 SW 42 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:

Title: VD () Delete Title: (X) Change () Addition Name: MORA, MARILU Name: MORA, MARILU 13363 SW STREET Address: 13363 SW 42 STREET Address: MIAMI, FL 33175 MIAMI, FL 33175 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARISABEL PERDOMO PD 04/27/2004