

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095840

FILED
Apr 24, 2007
Secretary of State

Entity Name: SANTOVENIA ADULT DAY CARE INC.

Current Principal Place of Business:

13359 SW 42 STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13359 SW 42 STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0875744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANA COMMUNITY SERVICES, INC
7805 CORAL WAY, SUITE 116
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERDOMO, MARISABEL
Address: 13359 S.W. 42ND ST.
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: RUIZ, REINALD
Address: 13359 SW 42 STREET
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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: MARISABEL PERDOMO

PD

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date