2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90115 035 ***150.00

DOCUMENT # P99000034770

1. Entity Name
NUEVITAS HOME FOR THE ELDERLY INCORPORATED #2

Principal Place of Business	Mailing Address
675 EAST 31 ST HIALEAH, FL 30013	675 EAST 31 ST HIALEAH, FL 30013

02162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
675 East 31 Street	675 East 31 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33013 Country: Dade	Zip: 33013 Country: Dade

4. FEI Number 65-0910828 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERAZA, MIRIAM
675 EAST 31 ST
HIALEAH, FL 30013

7. Name and Address of New Registered Agent

Name: Miriam Peraza
Street Address (P.O. Box Number is Not Acceptable): 675 East 31 Street
City: Hialeah FL Zip Code: 33013

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 $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERAZA, MIRIAM 675 EAST 31 ST HIALEAH, FL 30013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Peraza, Miriam 675 East 31 Street Hialeah, FL 33013	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Miriam Peraza   March 3, 2006   786 547-9240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #