

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90084 034 ***158.75

DOCUMENT # P99000078012																																																																																																																																																											
1. Entity Name SOLIVITA AT POINCIANA FOOD AND BEVERAGE, INC.																																																																																																																																																											
Principal Place of Business 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134																																																																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		4. FEI Number 65-0948727																																																																																																																																																							
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																																								
KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																								
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. 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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: <u>by: Juanita I. Kerrigan, VP/Sec.</u> <u>4/18/08</u> <u>(305) 442-7000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>JUANITA I. KERRIGAN</u>																																																																																																																																																											