

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2006 8:00 am
Secretary of State

02-16-2006 90041 005 ***150.00

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1. Entity Name
SAINT JUDE'S RESIDENCE HOME NUMBER 2, INC.



Principal Place of Business
**2500 SW 108TH AVE.
MIAMI, FL 33165**

Mailing Address
**2500 SW 108TH AVE.
MIAMI, FL 33165**

66003838



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0337926

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CABRERA, BERNARDO G.
2500 SW 108TH AVE.
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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

TITLE	PST
NAME	CABRERA, BERNARDO G.
STREET ADDRESS	2500 SW 108TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	CABRERA, BERNARDO G.
STREET ADDRESS	2500 SW 108TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 lists appended.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-2-06

305-220-3658

Date

Daytime Phone #