2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# 719834

Entity Name: BELAFONTE TACOLCY CENTER, INCORPORATED

Current Principal Place of Business:

6161 N.W. 9TH AVENUE
MIAMI, FL 331271013

New Principal Place of Business:

Current Mailing Address:

6161 N.W. 9TH AVENUE
MIAMI, FL 331271013

New Mailing Address:

FEI Number: 59-1376077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAKER-BOUIE, SABRINA
6161 NW 9TH AVE.
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

AUSTIN, ALISON D
6161 NW 9TH AVE.
MIAMI, FL 33127 US

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: BELAFONTE TACOLCY CENTER, INC. 03/30/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	PHILIP, PAUL	
Address:	1200 GINGER CIRCLE	
City-St-Zip:	WESTON, FL 33326	
Title:	VC	( ) Delete
Name:	CURRY, VICTOR T	
Address:	2300 NW 135TH ST.	
City-St-Zip:	MIAMI, FL 33168	
Title:	T	( ) Delete
Name:	WALTHOUR, SAM	
Address:	6756- CAMELIA DR.	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	S	( ) Delete
Name:	HOLSENDOLPH, DARRYL	
Address:	19496 SW 24TH ST.	
City-St-Zip:	MIRAMAR, FL 33029	
Title:	P	( ) Delete
Name:	BARNES, ATHUR	
Address:	6003 SW 154TH COURT	
City-St-Zip:	MIAMI, FL 33193	
Title:	ED	( ) Delete
Name:	BAKER-BOUIE, SABRINA	
Address:	6161 NW 9TH AVE.	
City-St-Zip:	MIAMI, FL 33127	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUSTIN, ALISON D. CEO 03/30/2006
Electronic Signature of Signing Officer or Director — Date