



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 036 ****61.25

DOCUMENT # 726122					
1. Entity Name MEADOWBROOK I-J-K-L CORPORATION, INC.					
Principal Place of Business 320 NE 12TH AVENUE 208 HALLANDALE, FL 33009 US			Mailing Address 320 NE 12TH AVENUE 208 HALLANDALE, FL 33009 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARELLA, JOSEPH 320 N.E. 12TH AVENUE #208 HALLANDALE, FL 33009				Name DARIO RACINE	
				Street Address (P.O. Box Number is Not Acceptable) 301 NE 14 AV. # 302	
				City HALLANDALE FL Zip Code 33009	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, MILTON		NAME	ELIZABETH HORWATH	
STREET ADDRESS	301 NE 14TH AVE #103		STREET ADDRESS	319 SE. 14 AV. # 308	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP	HALLANDALE 33009	
				(TREASURER)	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURT, PETER		NAME		
STREET ADDRESS	300 NE 12TH AVE #701		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARELLA, JOSEPH		NAME		
STREET ADDRESS	320 NE 12TH AVE A-208		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARSFIELD, STEPHEN		NAME		
STREET ADDRESS	319 NE 14TH AVENUE, #601		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANZULLO, THERESA		NAME		
STREET ADDRESS	300 NE 12TH AVENUE, #108		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACINE, DARIO		NAME		
STREET ADDRESS	301 N.E. 14TH AVE #302		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
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 617, 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: 				4/17/006	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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ATTACHMENT

60030138

DOCUMENT # 726122

1. Entity Name
MEADOWBROOK L.L.K.L CORPORATION, INC.



Principal Place of Business
320 NE 12TH AVENUE
208
HALLANDALE, FL 33009 US

Mailing Address
320 NE 12TH AVENUE
208
HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1446098 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CARELLA, JOSEPH
320 N.E. 12TH AVENUE #208
HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CORNELL, MILTON
STREET ADDRESS	301 NE 14TH AVE #103
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	D
NAME	JURT, PETER
STREET ADDRESS	300 NE 12TH AVE #701
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD
NAME	CARELLA, JOSEPH
STREET ADDRESS	320 NE 12TH AVE A-208
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	SD
NAME	DARFIELD, STEPHEN
STREET ADDRESS	319 NE 14TH AVENUE, #601
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	ARAZULLO, THERESA
STREET ADDRESS	300 NE 12TH AVENUE, #108
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	PD
NAME	RACINE, DARIO
STREET ADDRESS	301 N.E. 14TH AVE #302
CITY-ST-ZIP	HALLANDALE, FL 33009

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SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR