2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 12, 2007 8:00 am Secretary of State **DOCUMENT #734093** 04-12-2007 90034 008 ****70.00 CORÁL GABLES POLICE BENEVOLENT ASSOCIATION. Principal Place of Business Mailing Address 40000110 7350 CORAL WAY 2801 SALZEDO STREET MIAM!, FL 33155 CORAL GABLES, FL 33134 US 2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1649174 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAUE, RICHARD 2801 SALZEDO STREET Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33314 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) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change NAUE, RICHARD NAME NAME 2801 SALZEDO ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP VPD Delete ☐ Change ■ Addition TITLE TITLE HUDAK, EDWARD J NAME NAME 2801 SALZEDO ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP XX Delete XIX Change ☐ Addition TITLE TITLE HARRIS, WAYNE D NAME NAME Azan, Reinaldo A. STREET ADDRESS 2801 SALZEDO ST STREET ADORESS 2801 Salzedo Street Coral Gables, Fl 3 CORAL GABLES, FL 33134 CITY-ST-7IP CITY-ST-7tP ☐ Delete ☐ Change ☐ Addition TITLE TITLE FREVOLA, MICHAEL NAME NAME 2801 SALZEDO ST NERT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP TITLE ☐ Detete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attaoliment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

au SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED