

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90217 034 \*\*\*\*61.25

**DOCUMENT # 748238**

1. Entity Name  
**MIAMI RIGHT TO LIFE, INC.**



Principal Place of Business  
**2451 BRICKELL AVE  
APT 6J  
MIAMI, FL 33129 US**

Mailing Address  
**601 BRICKELL KEY DR  
STE 805  
MIAMI, FL 33131 US**

**94073817**



2. Principal Place of Business

3. Mailing Address  
**1441 Brickell Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 1014**

04192004 Chg-NP CR2E037 (10/03)

City & State

City & State  
**Miami, FL 33131**

4. FEI Number  
**59-2001289**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ALLEN & GALEGO  
601 BRICKELL KEY DR  
STE 805  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**Robert Allen Law**  
Street Address (P.O. Box Number is Not Acceptable)  
**1441 Brickell Avenue**  
**Suite 1014**  
City  
**Miami** **FL** Zip Code  
**33131**

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

By: **Robert N. Allen, Jr., President**

**4-19-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
AUGENSTEIN, MARTHA J.  
2463 SW 13 ST  
MIAMI, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TALAMAS, JULIA  
545 ZAMORA AVE.  
CORAL GABLES, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALSH, LARRY  
8405 NW 8TH ST. APT 307  
MIAMI, FL 33136** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
ALLEN, MARTHA A  
2451 BRICKELL AVENUE, APT 6J  
MIAMI, FL 33129** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Allen, Martha A  
2451 Brickell Avenue Apt 6J  
Miami, FL 33129** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Cordova, Angel  
780 NW 42nd Avenue #416  
Miami, FL 33126** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Martha A Allen*

**Martha Allen 4/19/04 305-372-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #