


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90121 030 \*\*\*\*61.25

**DOCUMENT # 767133**  
1. Entity Name  
**THE ANDY SWEET MEMORIAL FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
2000 TOWERSIDE TERR      2000 TOWERSIDE TERR  
#507      #507  
MIAMI FL 33138      MIAMI FL 33138

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**NO-T APPLICABLE**      Not Applicable

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



1st MOORE      CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
**BRYN, MARK**  
**2 SOUTH BISCAYNE BLVD**  
**SUITE 2680**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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                      | PD                       | <input type="checkbox"/> Delete |
| NAME                       | PERTNOY, EARL            |                                 |
| STREET ADDRESS             | 5660 COLLINS AVENUE      |                                 |
| CITY-ST-ZIP                | MIAMI BEACH FL           |                                 |
| TITLE                      | VD                       | <input type="checkbox"/> Delete |
| NAME                       | SWEET, AUDREY            |                                 |
| STREET ADDRESS             | 2000 TOWERSIDE TERR #507 |                                 |
| CITY-ST-ZIP                | MIAMI FL 33138           |                                 |
| TITLE                      | VD                       | <input type="checkbox"/> Delete |
| NAME                       | SWEET, NELAN             |                                 |
| STREET ADDRESS             | 2000 TOWERSIDE TERR #507 |                                 |
| CITY-ST-ZIP                | MIAMI BEACH FL           |                                 |
| TITLE                      | SD                       | <input type="checkbox"/> Delete |
| NAME                       | GIDNEY, MARC A           |                                 |
| STREET ADDRESS             | 326 71ST ST              |                                 |
| CITY-ST-ZIP                | MIAMI BEACH FL           |                                 |
| TITLE                      | D                        | <input type="checkbox"/> Delete |
| NAME                       | MOSS, ELLEN              |                                 |
| STREET ADDRESS             | 9305 NE 9TH AVE          |                                 |
| CITY-ST-ZIP                | MIAMI SHORES FL 33138    |                                 |
| TITLE                      | D                        | <input type="checkbox"/> Delete |
| NAME                       | SWEET, NANCY             |                                 |
| STREET ADDRESS             | 660 ONEIDA STREET        |                                 |
| CITY-ST-ZIP                | DENVER CO 80220          |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
|---|--|--|
| TITLE   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  | 33140  |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  | MIAMI, FL 33138  |
| TITLE   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  | 33141  |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |  |
| STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  | 3336 S. Oneida Way<br>80224  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Audrey Sweet      AUDREY SWEET      2/21/06      305-895-9111