


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000372		
1. Entity Name THE URBAN JUBILEE CENTENNIAL CORPORATION		
Principal Place of Business	Mailing Address	
1800 S.W. 1ST STREET, STE. 206 MIAMI, FL 33135 US	1800 S.W. 1ST STREET, STE. 206 MIAMI, FL 33135 US	



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3666873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GURDORF, FRANCIS V
 1800 SW 1ST ST, STE 206
 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$81.25
Due by May 1, 2008

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

U00000778687
 01/11/08-80007-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GURDORF, FRANCIS V
STREET ADDRESS	1800 S.W. 1ST STREET, STE. 206
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	VPD
NAME	GAITER, LAUNITA R
STREET ADDRESS	8500 N.W. 25TH AVE.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	SD
NAME	GROSS, OLIVER L
STREET ADDRESS	8500 N.W. 25TH AVE.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TD
NAME	HAMIDULLAH, HANEEF Q
STREET ADDRESS	1800 S.W. 1ST STREET, STE. 206
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	MASTRUCCI, JOSEPH
STREET ADDRESS	1800 S.W. 1ST STREET, STE. 206
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	FIKE, DAVID
STREET ADDRESS	1800 S.W. 1ST STREET, STE. 206
CITY-ST-ZIP	MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

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: *Francis V. Gurdorf, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/7/08* Daytime Phone #: *305-649-1553*

Francis V. Gurdorf, Pres.