

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000520

FILED
Apr 22, 2005
Secretary of State

Entity Name: ALONZO MOURNING CHARITIES, INC.

Current Principal Place of Business:

2665 S. BAYSHORE DRIVE
SUITE M-103
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

PO BOX 330110
COCONUT GROVE, FL 33233

New Mailing Address:

FEI Number: 65-1075983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMENESH, PETER Z
3225 AVIATION AVENUE, SEVENTH FLOOR
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

KAMENESH, PETER Z
2601 S. BAYSHORE DR.
SUITE 1401
COCONUT GROVE, FL 33133 US

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.

SIGNATURE:

04/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOURNING, ALONZO
Address: 2665 S. BAYSHORE DRIVE, SUITE M-103
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VPD () Delete
Name: FURST, ALLEN
Address: 2665 S. BAYSHORE DRIVE, SUITE M-103
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD () Delete
Name: KAMENESH, PETER Z
Address: 3225 AVIATION AVENUE, SEVENTH FLOOR
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KAMENESH, PETER Z
Address: 2601 S. BAYSHORE DRIVE, SUITE 1401
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN S. FURST

VPD

04/22/2005

Electronic Signature of Signing Officer or Director

Date