

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90018 028 ****61.25

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01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
01-1682399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKALAR & EICHNER, P.A.
WESTSIDE CORPORATE CENTER
PLANTATION, FL 33324

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

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KLEIMAN, SCOTT
STREET ADDRESS 2837 POINCIANA CIR
CITY-ST-ZIP COOPER CITY, FL 33026

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

TITLE VPTD ☐ Delete
NAME FARBISH, DONNA
STREET ADDRESS 2347 POINCIANA CIR
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE TO ☒ Change ☒ Addition
NAME ERICA
STREET ADDRESS
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE VD ☐ Delete
NAME AROCHA, PABLO
STREET ADDRESS 2811 POINCIANA CIR
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE VP ☒ Change ☐ Addition
NAME AROCHA PABLO
STREET ADDRESS 2811 POINCIANA CIRCLE
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PABLO M. AROCHA

3/25/08

Date

Daytime Phone #