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

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90067 001 *****2.10
02-07-2006 90067 002 *****7.70
02-07-2006 90067 003 ****60.20

DOCUMENT # N20849

1. Entity Name

LE JARDIN COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
311 NE 8TH STREET SUITE 104 HOMESTEAD FL 33030 US	311 NE 8TH STREET SUITE 104 HOMESTEAD FL 33030 US

1st MOORE CR2E037 (10/05)

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 59-2810036 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PROBINSKY, BRENT
633 NORTH KROME AVENUE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
City Plantation, FL Zip Code 33324

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WINEBRENNER, OPAL		NAME		
STREET ADDRESS	5431 NW 167 STREET		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33055		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUCHANAN, TIM		NAME		
STREET ADDRESS	311 NE 8TH ST., SUITE 104		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MUCHANSINGH, ROGER B		NAME		
STREET ADDRESS	1825 PONCE DE LEON BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134-4418		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	officer	☒ Change ☐ Addition
NAME	BERRONES, EDUARDO		NAME		
STREET ADDRESS	311 NE 8TH ST., SUITE 104		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PAUL, ANTHONY		NAME		
STREET ADDRESS	1825 PONCE DE LEON BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Eduardo Berrones 1-26-06 305-245-7299