2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 8:00 am Secretary of State 03-07-2008 90028 007 ****61.25

1. Entity Nam	MENT # N99000000			03-07-2008 90028 007 ****61.25
HOUGH Place of Business CANCE Mailing Address 1322 SE 7TH ST FORT LAUDERDALE, FL 33316 TAUDERDALE BY THE SEEN, FL 33062			33316	
		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242008 Chg-NP CR2E037 (12/06)
City & Stat		City & State		4. FEI Number Applied For 59-3609903 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
ROGER, RANDALL K 621 N.W. 53RD ST #300 BOCA RATON, FL 33487				t Address (P.O. Bax Number is Not Acceptable)
ļ			City	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered affice 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 of applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State				
10.	Due by May 1, 2008 OFFICERS AND DIF		11.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	PD NUNES, STEVE 2002 OCEANWALK TERR # 200 POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RANDALI RABIN Change MAddition I 1900 OLEANNALL LAN # 127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALZILLO, JOSEPH 1900 OCEAN WALK #129 POMPANO BEACH, FL 33062	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALY, DENNIS 1900 OCEAN WALK LANE POMPANO BEACH, FL 33062	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pomparo Beach, FL 33062 SO □ Change ☑ Addition BAIdSETT Rouse 1900 Ocean work Lane # 126 Pomparo Beach FL 33062 □ Change □ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D	—— X Deinte	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-2/P	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplementation or 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 trigglee 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 additional statutes.				