

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90043 031 ****61.25

DOCUMENT # N95000004862

1. Entity Name

SHAKE-A-LEG MIAMI, INC.



Principal Place of Business

2620 S BAYSHORE DRIVE
MIAMI FL 33133

Mailing Address

2620 S BAYSHORE DRIVE
MIAMI FL 33133

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

65-0611917

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

HORGAN, HARRY R
7901 SW 50 COURT
MIAMI FL 33143

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE D ☐ Delete
NAME ANDY, VLADIMIR
STREET ADDRESS 3802 LITTLE AVE.
CITY-ST-ZIP MIAMI FL 33133

TITLE C ☐ Delete
NAME GREEN, BARTH
STREET ADDRESS 620 SABAL PALM RD.
CITY-ST-ZIP MIAMI FL 33137

TITLE T ☐ Delete
NAME ROSENBERGER, ROGER
STREET ADDRESS 14500 SW 94 CT.
CITY-ST-ZIP MIAMI FL 33176

TITLE P ☐ Delete
NAME HORGAN, HARRY R
STREET ADDRESS 7901 SW 50 CT
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME CHARLES, HARTZ
STREET ADDRESS 4800 LEJEUNE ROAD
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☒ Delete
NAME PAGAN, LUIS
STREET ADDRESS 1625 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice Chair ☐ Change ☒ Addition
NAME Larry Forman
STREET ADDRESS 8585 Sunset Dr., W. Atrium
CITY-ST-ZIP Miami, FL 33143

TITLE Treasurer ☐ Change ☒ Addition
NAME James Elliot
STREET ADDRESS 5201 Blue Lagoon Dr Ste. 500
CITY-ST-ZIP Miami, FL 33126

TITLE Secretary ☐ Change ☒ Addition
NAME Lorenza Hoyos
STREET ADDRESS 50 Shore Dr. West
CITY-ST-ZIP Miami, FL 33133

TITLE Director ☐ Change ☒ Addition
NAME Dennis Brandt
STREET ADDRESS 4250 W. Flagler
CITY-ST-ZIP Miami, FL 33174

TITLE Director ☐ Change ☒ Addition
NAME Mark A. Dresnick
STREET ADDRESS 201 Alhambra Cir. #101
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Director ☐ Change ☒ Addition
NAME Jorge Pedraza
STREET ADDRESS 66 W. Flagler Ste #600
CITY-ST-ZIP Miami, FL 33130

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #