

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL
AND
FILED

05 JUL 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 03 2005



07202005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2204199

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUNIZ, ALBA
7300 WAYNE AVENUE
#218
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

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

Amended AR is \$61.25

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	GARAY, JOHN	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ARUGUETE, PHYLLIS	
STREET ADDRESS	7300 WAYNE AVE APT 408	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MUNIZ, ALBA	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHLESSINGER, VIOLET	
STREET ADDRESS	7300 WAYNE AVE APT 408	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINARTE, JUAN	
STREET ADDRESS	7300 WAYNE AVENUE #517	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLESINGER, VIOLET	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARAY, JOHN	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODOLICO, DANIEL	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONTE, JOHN	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: John P. Conte JOHN P. CONTE, TREAS. 7/26/05 305-861-0352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #