

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012146

FILED
Jul 02, 2006
Secretary of State

Entity Name: SUNNY ISLES BEACH ALLIANCE FOR COMMUNITY EXCELLENCE, INC.

Current Principal Place of Business:

290-174 STREET
1701
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

290-174 STREET
1701
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 42-1706368 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COHEN, JACK
290-174 STREET
1701
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, JACK
Address: 290-174 STREET # 1701
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VPD () Delete
Name: ELSTER, SHARON
Address: 301-174 STREET
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TD () Delete
Name: VILLARREAL, MELANIE
Address: 301 - 174 STREET
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SD () Delete
Name: BRANDT, ELIZA
Address: 301-174 STREET
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK COHEN

PD

07/02/2006

Electronic Signature of Signing Officer or Director

Date