

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90061 018 \*\*\*\*61.25

40001300



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-5161213

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GAGLIO, RUSSELL  
4941 NW 101ST AVENUE  
CORAL SPRINGS, FL 33076

## 7. Name and Address of New Registered Agent

Name  
Marcio X. Coelho  
Street Address (P.O. Box Number is Not Acceptable)  
1020 Crystal Lake Drive, # 102  
City  
Deerfield Beach FL Zip Code  
33064

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

Filing Fee is \$61.25  
Due by May 1, 2007

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GAGLIO, RUSSELL	
STREET ADDRESS	4941 NW 101ST AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ROGER	
STREET ADDRESS	4941 NW 101ST AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	INGRASC, MARIANN	
STREET ADDRESS	4941 NW 101ST AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcio X. Coelho	
STREET ADDRESS	1020 Crystal Lake Drive, #102	
CITY-ST-ZIP	Deerfield Beach, FL 33064	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riley Ganeiro	
STREET ADDRESS	1020 Crystal Lake Drive, #100	
CITY-ST-ZIP	Deerfield Beach, FL 33064	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regiane Luna	
STREET ADDRESS	6361 SW 58th Street	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained 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 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

Marcio X. Coelho

Date

Daytime Phone #

01/09/07 954-7320090