


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90086 023 \*\*\*\*61.25

**DOCUMENT # N92000000074**

1. Entity Name  
**3406 NORTH ROOSEVELT BOULEVARD CORPORATION**



Principal Place of Business  
**1201 WHITE ST.  
 102  
 KEY WEST, FL 33040-3328 US**

Mailing Address  
**1201 WHITE ST.  
 102  
 KEY WEST, FL 33040-3328 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country Zip Country

40006003



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0368637**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HUTTON, SUZANNE A.  
 502 WHITEHEAD ST.  
 COURTHOUSE ANNEX, 3RD FLOOR  
 KEY WEST, FL 33040**

**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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	P	<input type="checkbox"/> Delete
NAME	FIRM, TODD B	
STREET ADDRESS	99696 OVERSEAS HWY UNIT #1	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCPHERSON, MORGAN	
STREET ADDRESS	PO BOX 1409	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINHOFER, CHRISTINA	
STREET ADDRESS	PO BOX 430652	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BABICH, MATTHEW P CHA	
STREET ADDRESS	1319 DUBAL STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, SCOTT	
STREET ADDRESS	84001 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELBLING, JUNE	
STREET ADDRESS	PO BOX 522828	
CITY-ST-ZIP	MARATHON SHORES, FL 33050	

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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pi Gennero, MARIO	
STREET ADDRESS	9400 Overseas Hwy, Ste 210	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hernandez, Lou	
STREET ADDRESS	1505 LAIRD ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARZELLA, JAY	
STREET ADDRESS	560 BARRY AVE	
CITY-ST-ZIP	LITTLE TORCH Key FL 33042	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. HYNNE, JAMES	
STREET ADDRESS	187 SARDOLLA DR	
CITY-ST-ZIP	LOWER MATECOMBE, FL 33036	

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 person 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: Mario Pi Gennero Date: 01/09/08 Daytime Phone #: 305 289-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Pi Gennero

ATTACHMENT

40002554  
# N92000000074

3406 North Roosevelt Blvd. Corp.  
1201 White Street, Suite 102  
Key West, Florida 33040

FEI No.: 65-0368637

10.

Title	T
Name	Varela, Freddy
Address	201 Front Street
City/Zip	Key West, Florida 33040

Title	T
Name	Wright, Douglas
Address	506 Fleming Street
City/Zip	Key West, Florida 33040

Title	D
Name	Irwin, Rita
Address	58901 Overseas Highway
City/Zip	Marathon, Florida 33050