


FILED
Apr 29, 2008 8:00 am
Secretary of State

40000400

DOCUMENT # N05000010484				04-29-2008 90076 002 ****61.25	
1. Entity Name HAVE IT YOUR WAY FOUNDATION, INC.					
Principal Place of Business 5505 BLUE LAGOON DRIVE MIAMI, FL 33126 US			Mailing Address 5505 BLUE LAGOON DRIVE MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			Zip Code		
			FL		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUCKER, CLYDE		NAME	CHWAT, ANNE	
STREET ADDRESS	5505 BLUE LAGOON DRIVE		STREET ADDRESS	5505 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGNON, DAVID		NAME	LEVITE, ROBERT	
STREET ADDRESS	5505 BLUE LAGOON DRIVE		STREET ADDRESS	5505 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, BEN K		NAME	RAMIREZ, JULIO	
STREET ADDRESS	5505 BLUE LAGOON DRIVE		STREET ADDRESS	5505 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LELAND, RICHARD		NAME	SCHUSTER, TODD	
STREET ADDRESS	5505 BLUE LAGOON DRIVE		STREET ADDRESS	5505 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORACI, JOSEPH		NAME		
STREET ADDRESS	5505 BLUE LAGOON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPELAND, NIKKA		NAME	LEWIS, STEVE	
STREET ADDRESS	5505 BLUE LAGOON DRIVE		STREET ADDRESS	5505 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Miami, FL 33126	
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: <i>Lisa Giles-Klein</i>		Lisa Giles-Klein		4-22-08 305-378-7581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ATTACHMENT

Have It Your Way® Foundation, Inc.

Board of Directors

Anne Chwat
Joseph Soraci
Robert Levite
Julio Ramirez
Todd Schuster
Steve Lewis

40088299
N05000010484

Officers

Anne Chwat – President
Jill Granat – Vice President
Amin Maredia - Treasurer
Jackie Friesner - Assistant Treasurer
Joseph Soraci – Secretary
Lisa Giles-Klein – Assistant Secretary
Ivette Diaz –Executive Director

All with offices at
5505 Blue Lagoon Dr.
Miami, FL 33126

Telephone No. (305) 378 3000
Fax No. (305) 378 7910

None of the members of the Board are salaried.