## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 08, 2007 8:00 am Secretary of State DOCUMENT # 700029 1. Entity Name 05-08-2007 90013 014 \*\*\*\*61.25 PILOT CLUB OF MIAMI, INC. Principal Place of Business Mailing Address 650 CURTISS PARKWAY 9550 SW 51 ST MIAMI SPRINGS FL 33166 MIAMI FL 33165-402 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-6012796 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARION ALBURY Street Address (P.O. Box Number is Not Acceptable) 9550 SW 51 ST MIAMI FL 33165-6402 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. IIII Addition THE Delete NAME TONEY, JANE NAME Jenkins, Lourdes STREET ADDRESS STREET ADDRESS 990 NE 94 Street 9340 NW 48 DORAL TERRACE CIFY-ST-ZIP CHY S1-7IP MIAMI FL 33178 <u> Miami Shores, FL 33138-2917</u> X Delete Change Addition 11711 HILL Mueller, LaVern NAME STEFFEY, TERESA NAME 555 NE 123 Street, Apt 418 STREET ADDRESS STREET ADDRESS 4955 NW 199 ST N. Miami, FL 33161-5404 OPA LOCKA FL 33055 CITY ST 7P CITY - S1 - ZIP ☐ Delete ши ☐ Change Addition NAME MARION ALBURY NAME STREET ADDRESS STREET ADDRESS 9550 SW 51 ST CHY S1-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete HILL Change Addition NAME NAME LEFKOWITZ, LORRAINE STREET ADDRESS STREET ADDRESS 7945 SW 19 STREET CHY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135-1347 Change Addition TITLE Delete TILLE Šteffey, Teresa 4955 NW 199 Street NAME NAMI BUSTAMANTE, YELINA STREET ADDRESS STREET ADDRESS 3810 NW 63 COURT Opa Locka, FL 33055 CHY-St-7IP CITY-ST-7IP VIRGINIA GARDENS FL 33166 TITLE Change Addition TITLE Defeie Pustai, Wilhelmina 11500 SW 64 Street, Unit F NAMI NAME MUELLER, LAVERN STREET ADDRESS STREET ADDRESS 555 NE. 123RD ST., APT 418

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

CHY-ST-ZIP

MIAMI FL 33161

CITY-S1-ZIP

Marion Cilluin SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Marion Albury

4/25/2007

Miami, FL 33173-4740

(305) 271-7767

Daytime Phone #

**FILED**