

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702859

FILED
Feb 22, 2007
Secretary of State

Entity Name: FOUR FREEDOMS HOUSE OF MIAMI BEACH, INC.

Current Principal Place of Business:

3800 COLLINS AVE.
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3800 COLLINS AVE.
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 59-1033772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASANOVA, AMERICA
3800 COLLINS AVE.
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

PEREDA, ESTRELA
3800 COLLINS AVNEUE
MIAMI BEACH, FL 33140 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: ESTRELLA PEREDA

02/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BRYAN, MARGUERITE
Address: 700 NORTH HAMPHIRE AVE APT 1007
City-St-Zip: WASHINGTON, DC 20037

Title: PD () Delete
Name: MAN, BEN J,
Address: 2700 VIRGINIA AVE
City-St-Zip: WASHINGTON, DC 20037

Title: SD () Delete
Name: SEGALL, PETER H M.D.
Address: 4302 ALTON ROAD, SUITE 750
City-St-Zip: MIAMI BCH, FL 33140

Title: D () Delete
Name: FOX, JOHN
Address: 21 SOUTH 22 STREET
City-St-Zip: PHILADELPHIA, PA 19103

Title: D () Delete
Name: FOX, LYNN B
Address: 21 SOUTH 22 STREET
City-St-Zip: PHILADELPHIA, PA 19103

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:

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: BEN J. MAN

PRES

02/22/2007

Electronic Signature of Signing Officer or Director

Date