

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 NOV 19 AM 9: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1157625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YEAR ROUND MANAGEMENT CO.
8053 NW 155 ST
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name Becher & Poliakoff
Street Address (P.O. Box Number is Not Acceptable)
Alhambra Towers
121 Alhambra Plaza, 10th Floor
City Coral Gables FL Zip Code 33134

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 William Griffith
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	ST	<input checked="" type="checkbox"/> Delete
NAME	BOLANDA, FRED	
STREET ADDRESS	6813 BROOKLINE DR	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFETH, WILLIAM	
STREET ADDRESS	18606 BOB-D. LINK DR	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWERTER, ALEXANDER	
STREET ADDRESS	6768 BROOKLINE DR	
CITY-ST-ZIP	MIAMI, FL 33015	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jules S. Pierre	
STREET ADDRESS	2345 W 18 ST, Suite 14	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffith, William	
STREET ADDRESS	2345 W 18 ST, Suite 14	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwarter, Alexander	
STREET ADDRESS	2345 W 18 ST, Suite 14	
CITY-ST-ZIP	Hialeah, FL 33015	
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: William Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #