2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #717315

FILED Jun 25, 2007 8:00 am Secretary of State 06-25-2007 90001 028 ****61.25

Principal Place C/O WOODS I 2740 WEST S	ST CONDOMINIUM, INC. e of Business MGT. 5TH AVE.	ng Address WOODS MGT. O WEST 5TH AVE. EAH, FL 33010	ODS MGT. /EST 5TH AVE.			40121246					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06212007 Ct	ng-NP	CR2E037	7 (12/06)	
City & State			City & State				4. FEI Number 59-176374	9		 	oplied For ot Applicable
Zip	Zip Country		Zip Cou			1.5 Certificate of Status Desired 1.1 *******				8.75 Add	titional
	6. Name and Address of Current	Register	ed Agent				7. Name and Add	ress of New F	Registered A	gent	
		N OF F	LORIDA	-	Name Street A	ddress (I	P.O. Box Number is I	Not Acceptabl	e)		-
				=	City				FL	Zip Cod	е
SIGNATURE	Signature, typed or printed name of registered agent	and title if ap	plicable (NOTI	-		ore required	when reinstating)		DATE	payable t	
	ue by September 14, 2007		Trust Fund (. •	_		Added to Fees	Flo	rida Departi	ment of S	tate
10.	OFFICERS AND DIRECTORS						ADDITIONS/CHANG	ES TO OFFICE			
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	P PERNAS, NEFTAILI 8217 ABBOTT AVENUE #4 MIAMI BEACH, FL 33141		☐ Delete			T/D MA 82/	RIA C. F 5 ABBOTI 19mi Be	AVE # ACH F		□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GONZALEZ, ERNESTO 8217 ABBOTT AVENUE #6 MIAMI, FL 33165		☐ Delete	1			•			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RODRIGUEZ, LUISA 8217 ABBOTT AVENUE # 1 MIAMI BEACH, FL 33141		□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMUS, MARIA 8217 ABBOTT AVENUE # 1 MIAMI BEACH, FL 33141		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
indicatéd of the cor changed	certify that the information supplied with I on this report or supplemental report is proration or the receiver or trustee emp , or on an attachment with an address,	this filing true and owered to with all of	does not qualify to accurate and that is execute this report her like empowered	or the exemy signated the as required to the control of the contro	nptions o ure shall hed by Cha	contained have the apter 617	I in Chapter 119, Flor same legal effect as 7, Florida Statutes; an	rida Statutes. I if made under nd that my nam	I further certificath; that I are appears in	n an officer Block 10 o	nformation or director r Block 11 if
SIGNAT	TURE: SIGNATURE AND TYPED OR	16	70	1			_ P/FU/	Date		ytime Phone	<i>7</i> ~