

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90103 017 \*\*\*\*61.25

40003068



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1648815

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DAVID H. ROEL, ESQ  
BECKER & POLIAKOFF P.A.  
121 ALHAMBRA PLAZA, STE 1000, 10TH FL  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	WALES, BARRY	
STREET ADDRESS	7915 S.W. 86TH ST. #724	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZWEIBLEMAN, BARRY	
STREET ADDRESS	7965 SW 86 ST 125	
CITY-ST-ZIP	MIAMI, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENTWHISTLE, PAULA	
STREET ADDRESS	7965 SW 86 STE#124	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, FRAN	
STREET ADDRESS	7915 SW 86 ST #702	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARADO, PEDRO	
STREET ADDRESS	7995 SW 86 ST. #306	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRBY, THOMAS V	
STREET ADDRESS	7945 SW 86TH ST., #626	
CITY-ST-ZIP	MIAMI, FL 33143	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	Barry Zweibleman
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	Paula Entwistle
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Briand
STREET ADDRESS	7945 SW 86 ST #327
CITY-ST-ZIP	MIAMI, 33143
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	Lloyd Hetherington
CITY-ST-ZIP	795 SW 86 ST #626
CITY-ST-ZIP	MIAMI, FL
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice Pres
STREET ADDRESS	THOMAS V. Kirby
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Barry B. Wales*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 (305) 418-9277  
Date Daytime Phone

ck # 2708  
1-11-05