

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 004 ****70.00

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DOCUMENT # 734970 1. Entity Name MUSEUM OF DISCOVERY AND SCIENCE, INC.					
Principal Place of Business 401 S.W. 2ND ST. FT LAUDERDALE, FL 33312-1707				Mailing Address 401 S.W. 2ND ST. FT LAUDERDALE, FL 33312-1707	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1709542	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, RAY 350 E LAS OLAS BLVD #1420 FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Kim Cavendish Street Address (P.O. Box Number is Not Acceptable) 401 SW 2nd St. City Fort Lauderdale FL Zip Code 33312	
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 4/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGUERO, MANUEL		NAME		
STREET ADDRESS	3801 SW 30TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TANNER, PAUL		NAME	Rizzo, John	
STREET ADDRESS	450 ROYAL PALM WAY		STREET ADDRESS	1301 Concord Terrace	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODRIGUEZ, RAMON		NAME	CD	
STREET ADDRESS	350 E LAS OLAS BLVD # 1420		STREET ADDRESS	Ferrando, Jonathan	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	110 SE 6th St. 33301	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANGELO, THOMAS		NAME	VPF	
STREET ADDRESS	515 E. LAS OLAS BLVD		STREET ADDRESS	Ackerman, Patty	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	410 SW 2nd St.	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOENIG, KEITH		NAME	Fort Lauderdale, FL 33312	
STREET ADDRESS	6701 N HIATUS ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVENDISH, KIM		NAME		
STREET ADDRESS	401 SW 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		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: 4/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

954-467-

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