

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1930883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VENTS, JANIS
1427 E HILLSBORO BLVD
APT 625
DEERFIELD BEACH FL 33441

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 constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 NAME	PD VENTES, JANIS	<input type="checkbox"/> Delete
STREET ADDRESS	1427 E. HILLSBORO APT 625	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE NAME	SD JUGS, ANDREIS	<input type="checkbox"/> Delete
STREET ADDRESS	903 WALLNUT TER.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE NAME	D BRIEZE, MILDA	<input type="checkbox"/> Delete
STREET ADDRESS	4306 E TRADEWIND STR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE NAME	D VENTS, ABIJA	<input type="checkbox"/> Delete
STREET ADDRESS	1427 E HILLSBORO BLVD APT 625	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY-ST-ZIP		

U00000414221
02/11/06-80029-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Janis Vents* (JANIS VENTS)

1/27/2006 984-427-355