2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# 737029

Entity Name: FRIENDS OF 440, INC.

Current Principal Place of Business:

ALLISON HARTNETT, ESQ.
9350 S. DIXIE HWY., 10TH FLOOR
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

ALLISON HARTNETT, ESQ.
9350 S. DIXIE HWY., 10TH FLOOR
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 65-0107258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARTNETT, ALLISON
9350 S. DIXIE HWY., 10TH FLOOR
10TH FLOOR
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	MARK, TOUBY	
Address:	250 BIRD RD., STE. 308	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	SD	( ) Delete
Name:	VALDES, JOAN	
Address:	100 ALMERIA AVE., STE. 340	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	TD	( ) Delete
Name:	MERMELL, CLIFFORD R	
Address:	9350 S. DIXIE HWY., STE. 1520	
City-St-Zip:	MIAMI, FL 33156	
Title:	PD	( ) Delete
Name:	HARTNETT, ALLISON	
Address:	9350 S. DIXIE HWY., 10TH FLOOR	
City-St-Zip:	MIAMI, FL 33156	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON HARTNETT PD 01/18/2008

Electronic Signature of Signing Officer or Director — Date