

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737029

FILED
Apr 13, 2009
Secretary of State

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 ()

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

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date