

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737029

FILED  
Sep 10, 2012  
Secretary of State

Entity Name: FRIENDS OF 440, INC.

**Current Principal Place of Business:**

JOAN I. VALDES  
100 ALMERIA AVE., STE. 340  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

JOAN I. VALDES  
100 ALMERIA AVE., STE. 340  
CORAL GABLES, FL 33134 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:**

VALDES, JOAN I  
100 ALMERIA AVE.  
340  
CORAL GABLES, FL 33134 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: TS  
Name: SIMPSON, DANIEL J  
Address: 3440 HOLLYWOOD BLVD, SECOND FLOOR  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD  
Name: VALDES, JOAN  
Address: 100 ALMERIA AVE., STE. 340  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD  
Name: GOROWITZ, SUZANNE  
Address: 12550 BISCAYNE BLVD STE 904  
City-St-Zip: MIAMI, FL 33181

Title: SD  
Name: TRAVERSO, DAWN  
Address: 2875 NE 191 ST, SUITE 802  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: DANIEL J. SIMPSON

TS

09/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date