## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## **DOCUMENT #744350** 1. Entity Name UPPER ROOM ASSEMBLY, INC. 06 AUG 28 AM 10: 55 SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address ATTN: PAT WILLIAMS ATTN: PAT WILLIAMS 19701 SW 127 AVENUE 19701 SW 127 AVENUE MIAMI, FL 33177-1803 US MIAMI, FL 33177-1803 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08232006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-1889817 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REYES- WILLIAMS KLEPP, BRUCE O REV Street Address (P.O. Box Number is Not Acceptable) 19701 SW 127TH AVE MIAMI, FL 33177 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 égiştéred agent. Signature 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Addition KLEPP, BRUCE O NAME NAME HASSEIN 214 street STREET ADDRESS 15459 SW 143 TERR STREET ADDRESS 9034,5W CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP FL 33177 Delete TITLE TITLE Addition JESUS FERNANDEZ NAME MANN, MICHAEL NAME 15601 SW 137 AVE. # 197 11961 SW 144 STEET STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 FL 33177 CITY-ST-7IP CITY-ST-ZIP MIAMI Addition TITLE ☐ Delete TITLE Change ROY SHAKES COWEY, THOMAS NAME NAME 15115 SW 153 AVE STREET ADDRESS 15145 SW 172 STREET STREET ADDRESS FL 33196 MIAMI, FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition ROACH, KEVIN NAME NAME 200079282252 STREET ADDRESS 11105 SW 174 TERRACE STREET ADDRESS 08/30/06--0105<u>2</u>--021 \*\*70.00 MIAMI, FL 33187 CITY-ST-ZIP CITY-ST-7/P Delete ☐ Addition TITLE TITLE Channe MCTAGGART, FELIX NAME NAME 16170 SW 107 PL STREET ADDRESS STREET ADDRESS MIAMI, FL 33157 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition DEMILIO, NORMAN NAME NAME STREET ADDRESS 9999 SUMMER BREEZE DRIVE #103 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33322 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. Bruce D. Klepp **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SI