

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90031 039 \*\*\*\*61.25

40013700



01252008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2224414

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

KLINE, A.T.  
5112 SW 72 AVENUE  
POST OFFICE BOX 557820  
MIAMI, FL 33255

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KLINE, A.T.	
STREET ADDRESS	5112 SW 72 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRISTOW, S.A.	
STREET ADDRESS	5010 SW 72 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, RIGOBERTO	
STREET ADDRESS	5106 SW 72 AVE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANDELL, BARBARA	
STREET ADDRESS	5114 SW 72 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEILLER, J.	
STREET ADDRESS	5016 SW 72 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: A.T. KLINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 305.665.0127

DATE Daytime Phone #