

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90053 048 ****61.25

DOCUMENT # 752456

1. Entity Name

**ORGANIZED ADOPTION SEARCH INFORMATION
SERVICES, INC.**



Principal Place of Business

1300 E NE MIAMI GARDEN DR
#917 E
MIAMI FL 33179
US

Mailing Address

P O BOX 530 761
MIAMI SHORES FL 33181
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 53-0761
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI SHORES, FLA

Zip

Country

Zip

33153

Country

USA

4. FEI Number

59-3017023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERS, RACHEL S
1300 NORTH MIAMI GARDENS DR
APT 917 E
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE D ☐ Delete
NAME RIVERS, RACHEL
STREET ADDRESS 1300 NEMIA GARDENS DR STE. 917 E
CITY-ST-ZIP N. MIAMI FL 33179

TITLE D ☐ Delete
NAME DUGLIN, ROBERT L
STREET ADDRESS 1300 N MIAMI GARDEN DR., #917E
CITY-ST-ZIP NORTH MIAMI FL 33153

TITLE D ☐ Delete
NAME REILLY, PAUL
STREET ADDRESS 10305 SW 99 STREET
CITY-ST-ZIP MIAMI FL 33176-2719

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RACHEL S. RIVERS, Director Rachel S. Rivers 1/28/05 305)941-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #