

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90308 048 ****61.25

DOCUMENT # 752456

1. Entity Name

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



Principal Place of Business

Mailing Address

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

PO BOX 53-0761
MIAMI SHORES FL 33153
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

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

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

TITLE D ☒ Change ☐ Addition
NAME MERKIN, MADELINE M.
STREET ADDRESS 1300 N.Miami Garden Dr. #809E
CITY-ST-ZIP North Miami, Fla 33179

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: *Rachelle S. Rivers, Inc.*

5/6/06 305) 947-8788