

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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 PO BOX 53-0761 MIAMI SHORES FL 33153 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
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, 2007		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 NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete RIVERS, RACHEL 1300 NEMIA GARDENS DR STE. 917 E N. MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY ST ZIP	000000001701 ☐ Change ☐ Addition 01/26/07-80061-005 61.25		
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete MERKIN, MADELINE M 1300 NORTH MIAMI GARDEN DR #809E NORTH MIAMI FL 33179	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete REILLY, PAUL 10305 SW 99 STREET MIAMI FL 33176-2719	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
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: <i>Kerrie S. Reiman, Director</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-23-07 Daytime Phone #: 305-947-8788		