

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90562 021 \*\*\*\*61.25

20036180



04122005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2214786

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CONFELD, JEFFERY D.  
3850 HOLLYWOOD BLVD., SUITE #400  
HOLLYWOOD, FL 33021

## 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

**Filing 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	<input type="checkbox"/> Delete
NAME	CORNFIELD, JEFFERY D.	
STREET ADDRESS	3850 HOLLYWOOD BLVD #400	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACDOUGALL, STEPHEN	
STREET ADDRESS	5220 NW 72 AVENUE #34	
CITY-ST-ZIP	MIAMI, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	OCHOA, HUGO	
STREET ADDRESS	5220 NW 72 AVENUE #7	
CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SILVA, MILTON	
STREET ADDRESS	5220 NW 72 AVE. #27	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALVEREZ, ANDRES	
STREET ADDRESS	5220 NW 72 AVE. #7	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUBAKER, JACQUELINE	
STREET ADDRESS	5220 NW 72 AVE. #25,26	
CITY-ST-ZIP	MIAMI, FL	

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

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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Chirdaris	
STREET ADDRESS	5220 NW 72 Ave #22	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony Musumeci	
STREET ADDRESS	5220 NW 72 Ave #4	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manuel Quinones	
STREET ADDRESS	5220 NW 72 Ave #29	
CITY-ST-ZIP	Miami, FL	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey D. Cornfeld

4/12/05 (954) 989-2200

Date

Daytime Phone #