

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90035 031 ****70.00

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

60015994



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0373141

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TUYMER, ANNELIESE
9285 N.W. 16TH STREET
CORAL SPRINGS, FL 33071

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, 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

TITLE PD ☐ Delete
NAME COLOMBO, DONALD
STREET ADDRESS 1306 NE 15TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE VD ☒ Delete
NAME O'BRIEN, TIM
STREET ADDRESS 2400 E. LAS OLAS BLVD. #212
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE STD ☐ Delete
NAME TUYMER, ANNELIESE
STREET ADDRESS 9285 N.W. 16TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL

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 VD ☒ Change ☒ Addition
NAME Dario DiFazio
STREET ADDRESS 8535 SW 160th Street.
CITY-ST-ZIP Miami, FL 33157

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06

Date

954-753-0725

Daytime Phone