

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90056 017 \*\*\*\*61.25

40021120



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2304699

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

STEPHEN SUITS  
C/O LAND CAP PROPERTY SERVICES  
13800 SW 144 AVE RD  
MIAMI, FL 33186

## 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, 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

TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	BOSTICK, OLGA PRES	
STREET ADDRESS	10241 SW 137 PL	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	ARIZMENDY, TATIANA	
STREET ADDRESS	9300 SW 137TH AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARIMENDY, TATIANA	
STREET ADDRESS	9300 SW 137 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIEDENMANN, NADINE	
STREET ADDRESS	9601 SW 142 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	PO Sarah O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bostick, Olga	
STREET ADDRESS	10241 SW 137 PL	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arizmendy, Tatiana	
STREET ADDRESS	9300 SW 137TH AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tiedemann, Nadine	
STREET ADDRESS	9601 SW 142 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Illan, Jose	
STREET ADDRESS	9703 SW 138 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGillis, Kevin	
STREET ADDRESS	13893 SW 102 Ln.	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Sarah O. Bostick*

SARAH O. BOSTICK

2/13/07

305-387-9686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #