

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90004 006 ****61.25

40022421



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2314397

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRIAY, CARLOS
10570 NW 27 ST.
STE 103
MIAMI, FL 33172

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 PD ☐ Delete
NAME RIGGS, LARRY
STREET ADDRESS 9731 HAMMOCKS BLVD., #B-206
CITY-ST-ZIP MIAMI, FL 33196

TITLE TD ☐ Delete
NAME SAAVEDRA, PEDRO
STREET ADDRESS 8407 SW 137TH AVE
CITY-ST-ZIP MIAMI, FL 33183

TITLE D ☐ Delete
NAME LEFTWICH, JED
STREET ADDRESS 9707 HAMMOCKS BLVD., #N-107
CITY-ST-ZIP MIAMI, FL 33196

TITLE VPD ☐ Delete
NAME LUAICES, CESAR
STREET ADDRESS 9703 HAMMOCKS BLVD., P-103
CITY-ST-ZIP MIAMI, FL 33196

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 D ☐ Change ☒ Addition
NAME Gray, Russell
STREET ADDRESS 9723 Hammocks Blvd. #G-203
CITY-ST-ZIP Miami, FL 33196

TITLE VPD ☒ Change ☐ Addition
NAME Saaavedra, Pedro
STREET ADDRESS 8407 SW 137 Avenue
CITY-ST-ZIP Miami, FL 33183

TITLE TD ☒ Change ☐ Addition
NAME Leftwich, Jed
STREET ADDRESS 9707 Hammocks Blvd. #N-107
CITY-ST-ZIP Miami, FL 33196

TITLE SD ☒ Change ☐ Addition
NAME Luaices, Cesar
STREET ADDRESS 9703 Hammocks Blvd. # P-103
CITY-ST-ZIP Miami, FL 33196

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

Date

Daytime Phone #