

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-22-2007 90002 021 ****61.25

40022300



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2360486** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

TRIAI, CARLOS
3750 N.W. 87TH AVE
SUITE 100
DORAL, FL 33178

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 _____ (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	<input type="checkbox"/> Delete
NAME	RIGGS, LARRY	
STREET ADDRESS	9731 HAMMOCKS BLVD. #B-206	
CITY - ST - ZIP	MIAMI, FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAAVEDRA, PEDRO	
STREET ADDRESS	8407 SW 137 AVE	
CITY - ST - ZIP	MIAMI, FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFTWICH, JED	
STREET ADDRESS	9707 HAMMOCKS BLVD. #N-107	
CITY - ST - ZIP	MIAMI, FL 33196	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LUAICES, CESAR	
STREET ADDRESS	9703 HAMMOCKS BLVD. #P-103	
CITY - ST - ZIP	MIAMI, FL 33196	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray, Russell	
STREET ADDRESS	9723 Hammocks Blvd. #G-203	
CITY - ST - ZIP	Miami, FL 33196	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saavedra, Pedro	
STREET ADDRESS	8407 SW 137 Avenue	
CITY - ST - ZIP	Miami, FL 33183	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leftwich, Jed	
STREET ADDRESS	9707 Hammocks Blvd. #N-107	
CITY - ST - ZIP	Miami, FL 33196	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luaices, Cesar	
STREET ADDRESS	9703 Hammocks Blvd. # P-103	
CITY - ST - ZIP	Miami, FL 33196	
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		

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 #

2/6/07