

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90287 015 \*\*\*\*61.25

14017436



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-0814421

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS INC.  
2035 HARDING STREET #200  
HOLLYWOOD, FL 33020

## 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	MOLINA, LOURDES	
STREET ADDRESS	1060 98TH ST APT., #25	
CITY - ST - ZIP	EAY HARBOR ISLAND, FL 33154	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS	
STREET ADDRESS	1060 98TH STREET	
CITY - ST - ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERDOMO, ADALBERTO	
STREET ADDRESS	1070 98TH ST #11	
CITY - ST - ZIP	MIAMI BEACH, FL 33154	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ENRIGHT, ROSEMARY	
STREET ADDRESS	1070 98TH ST APT 18	
CITY - ST - ZIP	MIAMI, FL 33154	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRUCE, ARTHUR	
STREET ADDRESS	1070 98 ST 314	
CITY - ST - ZIP	MIAMI, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Addario, MARCELO	
STREET ADDRESS	1070 98 St. #19	
CITY - ST - ZIP	BAY HARBOR ISLAND, FL 33154	
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		<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 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

4/27/05

Daytime Phone #