


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90237 011 ****70.00

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # 844771 1. Entity Name RESOLVE INCORPORATED | | | |  | |
| Principal Place of Business 274 NE 24TH COURT BOCA RATON, FL 33431 US | | | Mailing Address 274 NE 24TH COURT BOCA RATON, FL 33431 US | | |
| 2. Principal Place of Business 1315 Sorolla Avenue | | 3. Mailing Address 1315 Sorolla Avenue | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 59-2198171 | |
| Zip 33134 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RAZZARI, MARISA 274 NE 24TH COURT BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent Name Linder, Elise Street Address (P.O. Box Number is Not Acceptable) 1315 Sorolla Avenue City Miami FL Zip Code 33134 | | |
| 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 <u>Elise Linder</u> 3-11-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | RAZZARI, MARISA | NAME | | | |
| STREET ADDRESS | 274 NE 24TH COURT | STREET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | HERZOG, MARJUT | NAME | | | |
| STREET ADDRESS | 3342 SW 51ST STREET | STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33312 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | LINDER, ELISE | NAME | | | |
| STREET ADDRESS | 1315 SOROLLA AVENUE | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33134 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | DOPICIO, MELISSA | NAME | Dopico, Melissa | | |
| STREET ADDRESS | 4710 SW 67TH AVENUE, #H-5 | STREET ADDRESS | 4601 SW 11th Street | | |
| CITY-ST-ZIP | MIAMI, FL 33155 | CITY-ST-ZIP | Miami, FL 33134 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | MESA, DAWN | NAME | | | |
| STREET ADDRESS | 13555 157TH CT. N. | STREET ADDRESS | | | |
| CITY-ST-ZIP | JUPITER, FL 33478 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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: <u>Elise Linder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 3-11-06 | | (305) 448-6853 | |
| <small>DATE</small> | | <small>DATE</small> | | <small>Daytime Phone #</small> | |