

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90025 005 ****61.25

DOCUMENT # 844771

1. Entity Name
RESOLVE INCORPORATED



Principal Place of Business
**1315 SOROLLA AVE
MIAMI, FL 33134 US**

Mailing Address
**1315 SOROLLA AVE
MIAMI, FL 33134 US**

DO NOT WRITE IN THIS SPACE



06042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2198171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDER, ELISE
1315 SOROLLA AVE
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HERZOG, MARJUT
3342 SW 51ST STREET
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LINDER, ELISE
1315 SOROLLA AVENUE
MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAPICO, MELISSA
4601 SW 11TH ST
MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MESA, DAWN
13555 157TH CT. N.
JUPITER, FL 33478**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Melissa M. Dapico* **Melissa M. Dapico** *7/11/07* **315-446-4531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #