

**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

**2008 AUG 29 PM 4:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



07072008 Chg-NP CR2E037 (12/06)

4. FEI Number **22-3028267** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PEREZ, SUZANNE A  
5960 SW 57TH AVE  
MIAMI, FL 33143**

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

**Amended AR is \$61.25**

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**

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

TITLE **DV** ☒ Delete  
NAME **MARTINEZ, JUAN P**  
STREET ADDRESS **5960 S.W. 57TH AVENUE**  
CITY - ST - ZIP **MIAMI, FL 33143**

TITLE **Director** ☐ Change ☒ Addition  
NAME **POCATELLO, CRISTINA**  
STREET ADDRESS **5960 SW 57th Avenue**  
CITY - ST - ZIP **Miami, Florida 33143**

TITLE **DP** ☐ Delete  
NAME **PEREZ, SUZANNE**  
STREET ADDRESS **5960 S.W. 57TH AVENUE**  
CITY - ST - ZIP **MIAMI, FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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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 reports 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

**8/19/08**  
Date

**305-455-3361**  
Daytime Phone #

*Theresa*