


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

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

02-22-2007 90004 020 \*\*\*\*70.00

<b>DOCUMENT # N00000003730</b> 1. Entity Name FLORIDA PACE CENTERS, INC.	
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Principal Place of Business 5200 N.E. SECOND AVENUE MIAMI, FL 33137-2706	Mailing Address 5200 N.E. SECOND AVENUE MIAMI, FL 33137-2706
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**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1051439	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CYPEN, STEPHEN H ESQ. %CYPEN & CYPEN, P.A. 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GOLDIN, SIDNEY 5415 COLLINS AVE. PH-A MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TENDRICH, ELAYNE 12020 SW 70TH COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEINKEN, RUTH 11 ISLAND AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABEL, MIMI 740 CREMONA AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, THELMA 3661 FRANKLYN AVENUE COCONUT GROVE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINCUS, ROSALIE 11 ISLAND AVENUE # 1512 MIAMI BEACH, FL 33139

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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:**  **Daniel Brady** 2/15/07 (305) 751-8626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #