## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005648

FILED Mar 16, 2006 Secretary of State

Entity Name: NON-VIOLENCE PROJECT SOUTH FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1205 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143 US **New Mailing Address: Current Mailing Address:** 1234 SOUTH DIXIE HWY #348 CORAL GABLES, FL 33146 US FEI Number: 13-3812224 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANDSBERG, DIANE 1205 SUNSET DRIVE 2ND FLOOR CORAL GABLES, FL 33143 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CASADEMONT, VINCE MR Name: STONE, MJ MS Name: ONE SE 3RD AVE, 1ST FLOOR Address: 1016 TRAILMORE LANE Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: WESTON, FL 33326 Title: () Delete Title: (X) Change ( ) Addition LLODRA, ALEBRT MR Name: CASADEMONT, VINCE MR Name: Address: 7621 SW 59TH AVENUE Address: 12000 BISCAYNE BOULEVARD City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33181

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

 Title:
 DS
 ( ) Delete

 Name:
 STONE, MJ MRS

 Address:
 1016 TRAILMORE LANE

 City-St-Zip:
 WESTON, FL 33326

 Title:
 DD
 ( ) Delete

 Name:
 LINDSAY, JOHN MR

 Address:
 343 SEGORIA ST

 City-St-Zip:
 CORAL GABLES, FL 33134

Title: ( ) Delete

Name: Address: City-St-Zip: Title: CH ( ) Change (X) Addition

120 NE 127TH STREET

LLODRA, ALBERT MR

MIAMI, FL 33143

CHO, TONY MR

MIAMI, FL 33137

8501 SW 53RD AVENUE

(X) Change ( ) Addition

(X) Change ( ) Addition

Name: NOBEL, MICHAEL PH.D Address: NOBEL FAMILY SOCIETY City-St-Zip: STOCKHOLM, SW

SEC

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAMIRA THOMAS FPSC 03/16/2006