

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90175 026 \*\*\*\*61.25

40080375



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0729654** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

THE LAW OFFICES OF KATZMAN & KORR, P.A.  
1501 N.W. 49TH STREET, STE 202  
FORT LAUDERDALE, FL 33309

## 7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, ADRIANA	
STREET ADDRESS	680 N.W. 79 TERRACE, #104	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	TVP	<input checked="" type="checkbox"/> Delete
NAME	LUIS, BALDUCCI R	
STREET ADDRESS	680 NW 79 AVE 104	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS-MOHAMED, TASHI	
STREET ADDRESS	7920 NW 6TH ST. #205	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	GOMEZ, TROY	
STREET ADDRESS	640 N.W. 79 AVENUE, #101	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLEMPERER, DAVID	
STREET ADDRESS	7850 N.W. 6 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUDHOO, DEODATH	
STREET ADDRESS	681 N.W. 78 TERRACE, #102	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	

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

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEMPERER, David	
STREET ADDRESS	7850 NW 6ST. #102	
CITY-ST-ZIP	P. Pines FL 33024	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRERA, Adriane	
STREET ADDRESS	680 NW 79 terr #201	
CITY-ST-ZIP	P. Pines FL 33024	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HABER, Jessica	
STREET ADDRESS	7910 NW 7ST #104	
CITY-ST-ZIP	P. Pines FL 33024	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMain, Verone	
STREET ADDRESS	631 NW 79 Terr #102	
CITY-ST-ZIP	P. Pines FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*W. David Klemperer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W. David Klemperer 4/17/07*

Date

Daytime Phone #

954-963-5394