

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90021 001 ****70.00

20019000



03022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1065543

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEPHEN, LANDE C
4200 BISCAYNE BOULEVARD
MIAMI, FL 33137

**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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BERGER, ADOLPH J
STREET ADDRESS 3 GROVE ISLE DRIVE #801
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE D
NAME BERGER, HELENE
STREET ADDRESS 3 GROVE ISLE DRIVE #801
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE D
NAME GERSON, GARY
STREET ADDRESS 666 71ST STREET
CITY-ST-ZIP MIAMI BEACH, FL 34314

TITLE D
NAME STEPHEN, LANDE C
STREET ADDRESS 4200 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI, FL 33137

TITLE D
NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI, FL 33137

TITLE D
NAME BLOOM, ELAINE
STREET ADDRESS 5255 COLLINS AVENUE #3-J
CITY-ST-ZIP MIAMI BEACH, FL 33140

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

Date

786 866-8623

Daytime Phone #