

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005047

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** MIRAMAR COMMUNITY FAMILY RESOURCES CENTER, INC.

**Current Principal Place of Business:**

7984 MIRAMAR PKWY  
MIRAMAR, FL 330235878

**New Principal Place of Business:**

**Current Mailing Address:**

7984 MIRAMAR PKWY  
MIRAMAR, FL 330235878

**New Mailing Address:**

**FEI Number:** 65-1121105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMNATH, RAJENDRANATH  
15221 SW 46TH COURT  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: RAMNATH, RAJENDRANATH  
Address: 15221 SW 46TH COURT  
City-St-Zip: MIRAMAR, FL 330275878

Title: DV ( ) Delete  
Name: REGISTRE, MIRLANDE  
Address: 6749 SW 27TH COURT  
City-St-Zip: MIRAMAR, FL 33023

Title: DS ( ) Delete  
Name: NEISH, SILVIA  
Address: 8760 N. BERUDA DRIVE  
City-St-Zip: MIRAMA R, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DS (X) Change ( ) Addition  
Name: NEISH, SILVIA  
Address: 8760 N. BERMUDA DRIVE  
City-St-Zip: MIRAMA R, FL 33025

I hereby certify that the information supplied with this filing does not qualify 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: SILVIA NEISH

DS

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date