2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000007592

1. Entity Name

CITIZENS' PUBLIC SAFETY ADVISORY COMMITTEE OF SUNNY ISLES BEACH, INC.



FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90173 031 ****61.25

Mailing Andress Mailing An		,									
SILEY SEES ECH FL 33160 2. Frincipal Place of Business 3. Mailing Address Suite. Apr. 4, etc. 1st MOORE CR2607 (10/05) 2. Frincipal Place of Business Suite. Apr. 4, etc. 1st MOORE CR2607 (10/05) 2. Frincipal Place of Business City & State City & State City & State Country 2p Country 3. Country 4. FEI Number 65-1153004 Mon Applicable For Mon Applicable Fee Required	Principal Place of Business Mailing Address										
Suite, Apt. 4, etc.	STE 219				·	,					
City & State Country City S. Certificate of Status Desired To Name I State Address of New Registered Agent Steel Address (P.O. Box Number is Not Acceptable) Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Now; FEE IS 561.25 Due By May 1: 2005 S. Security Agent of preparative of agent with a state river in the purpose of changing its registered Agent represent agent, or both, in the State of Elorida. I are familiar with, and acceptable in the bullgalone of empirered agent, produce represent Agent represent agent, or both, in the State of Elorida. I are familiar with, and acceptable for Thus Fund Controlled on Testing Represent Agent represent agent, or both, in the State of Elorida. I are familiar with, and acceptable for Thus Fund Controlled on Testing Represent Agent represent agent, or both, in the State of Elorida. I are familiar with, and acceptable for Thus Fund Controlled on Testing Representation of Testing Re	2. Principal Place of Business		3. Mailing Address			1 1880/81 80 1	BB181 11811 BB111 88111		ii fiiile (PD) olei	IEI EI ISDI	
ESH TASADO Country Zip Country S. Certificate of Strius Desired Set 153 desired Set 75 desired Country S. Certificate of Strius Desired Set 75 desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/05)					
S. Continued Statistic Useries 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LESNICK, STEVEN 1604 SE 2ND CT. FORT LAUDERDALE FL 33301 City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City Ci	City & State	3	City & State		4.	05 4450004					
LESNICK, STEVEN 1604 SE 2ND CT. FORT LAUDERDALE FL 33301 City FL Zp Code City FL Zp Cd Cd City Cd Cd City Cd Cd City Cd Cd Cd City Cd City Cd City Cd City Cd City Cd	Zip	Country	Zip	Country	5.	Certificate of Str	atus Desired				
LESNICK, STEVEN 1604 SE 2ND CT. FORT LAUDERDALE FL 33301 City FL Zip Code 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE AGENTS OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 LESNICK, STEVEN INITE OFFICERS AND DIRECTORS SIRRET ADDRESS OTH ST-72 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CITY ST-72 SIGNATURE OTH ST-72 SUNNY SLES BCH FL 33160 Delete TITLE NAME LONE, WILLIAM SR SIRRET ADDRESS SIRRE		6. Name and Address of Current	Registered Agent		7.	Name and Add	ress of New R	legistered Ag	ent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, repeate or private ration of inquience agent until the sepacede (NOTE Registered Agent agracure) requires when recentable() DATE	1604 SE 2ND CT.										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. Signature Signature hypero of prince have of registered agent.								EI	Zip Code	!	
FILE NOW: FEE IS \$61.25 Due By May 1; 2006 Trust Fund Contribution S\$5.00 May Be Added to Fees Florida Department of State	the obligations of registered agent.										
Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE DESNICK, STEVEN Debete ITILE NAME NAME Addition ITILE DESNICK, STEVEN STREET ADDRESS TITLE Change Addition ITILE DESNICK STEVEN STREET ADDRESS CITY-ST-ZIP ITILE DEBET DEBET TITLE Change Addition ITILE DEBET STREET ADDRESS CITY-ST-ZIP ITILE DEBET STREET ADDRESS ITILE DEBET STREET A		Signature, typed or printed name of registered agent	and title if rippiscable (NOTE	: Registered Agent signate	ire required when	remstating)		DATE			
TILE NAME STREET ADDRESS STREET ADDR		Due By May 1, 2006		∐ Add	led to Fees	Flori	da Départn	ent of S	tate		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DFEISTHAMEL, JOSEPH STREET ADDRESS CITY-SI-ZIP TITLE D	10.		RECTORS	11.	ADDI	ITIONS/CHANG	ES TO OFFICE				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

iam Strew lesuch

4/14/06