## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007020

Entity Name: OUR KIDS OF MIAMI-DADE/MONROE, INC.

FILED Jan 17, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2601 SOUTH BAYSHORE DRIVE 2525 PONCE DE LEON BLVD.

**SUITE 1600** SUITE 400 MIAMI, FL 33133 MIAMI, FL 33134

**Current Mailing Address: New Mailing Address:** 

401 NW 2ND AVENUE - SOUTH TOWER SUITE S-212 MIAMI, FL 33128

FEI Number: 57-1140890 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WALKER, WILLIAM JR. C/O WHITE & CASE 200 S. BISCAYNE BLVD., STE. 4900 MIAMI, FL 331312352 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:

() Delete (X) Change ( ) Addition ABESS, LEONARD ADORNO, HANK ESQ. Name: Name:

25 W. FLAGLER STREET, 6TH FLOOR Address: 2525 PONCE DE LEON BLVD - SUITE 400 Address:

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33134

Title: ( ) Delete Title: (X) Change ( ) Addition

ADORNO, HANK Name: LICKO, CAROL ESQ. Name: Address: 2601 S. BAYSHORE DR., STE. 1600 Address: 1111 BRICKELL AVENUE - SUITE 1900

City-St-Zip: MIAMI, FL 33131

MIAMI, FL 33133 City-St-Zip:

Title: () Delete Title: **TREA** (X) Change ( ) Addition ALVAREZ, CESAR SANCHEZ, JONATHAN MR. Name: Name: 1221 BRICKELL AVE., 22ND FLOOR 803 BRICKELL AVENUE - 9TH FLR Address: Address:

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33131

(X) Change ( ) Addition Title: ( ) Delete Title: **VCHA** Name: BERMONT, PETER L Name: WALKER, WILLIAM ESQ

ONE SE THIRD AVENUE, STE. 2950 200 SOUTH BISCAYNE BLVD - SUITE 4900 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: (X) Delete Title: () Change () Addition COBB, CHARLES E Name: Name: 255 ARAGON, SUITE 333 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip:

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: HANK ADORNO **PRES** 01/17/2006