

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007465

FILED
Jan 22, 2008
Secretary of State

Entity Name: TWU 291 COMMUNITY SERVICE, INC.

Current Principal Place of Business:

18350 NW 2ND AVENUE
SUITE 600
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

18350 NW 2ND AVENUE
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 32-0036922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS & RICHARD, P.A.
9360 SW 72 STREET
SUITE 283
MIAMI, FL 33173 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: D () Delete
Name: CLARKE, WESSELL
Address: 18350 NW 2ND AVE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: MARTIN, GUS
Address: 18350 NW 2ND AVE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: HARRIS, WILLIAM T
Address: 18350 NW 2ND AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: TUCKER, DAVID
Address: 18350 NW 2ND AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: DAVIS, BRIAN
Address: 18350 NW 2ND AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D () Delete
Name: GARCIA, FRANCISCO
Address: 18350 NW 2ND AVENUE
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: WESSELL CLARKE

D

01/22/2008

Electronic Signature of Signing Officer or Director

Date