2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008613

FILED May 20, 2008 Secretary of State

Entity Name: SUNNY ISLES BEACH CITIZENS COALITION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
230 174 ST	TR		
305 SUNNY IS	LES BEACH, FL 33160		
Current M	ailing Address:	New Mailing Addre	ess:
230 174 ST	TR		
305 SUNNY IS	LES BEACH, FL 33160		
	,	U	Continue of Otatas Desired ()
El Number: n accordan	FEI Number Applied For() FEI Nce with s. 607.193(2)(b), F.S., the corporation did not receive	Number Not Applicable (X) ve the prior notice.	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
		e of changing its register	red office or registered agent or both
	e of Florida.	e or enanging its register	rea office of registered agent, or both
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTO
Fitle: Name: Nddress: Dity-St-Zip:	P () Delete KAY, HENRY B 230 174 STREET, #305 SUNNY ISLES BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	T () Delete TAFT, GLORIA 210 174 STREET, #2405 SUNNY ISLES BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: Dity-St-Zip:	VP () Delete GABOR, HASSIDA 210 124 STREET, #903 SUNNY ISLES BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: Dity-St-Zip:	S () Delete BEKOFF, AUDREY 210 174 STREET, #1802 SUNNY ISLES BEACH, FL 33160	Title: Name: Address: City-St-Zip:	() Change () Addition

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: GLORIA TAFT T 05/20/2008