## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N03000000983

RT FILED

May 18, 2008

Secretary of State

Entity Name: THE AMERICAN LEGION OF MIAMI BEACH, POST 85, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
949 PENNSYLVANIA				221 COLLINS AVENUE	
APT 206 MIAMI BEACH, FL 331395422			#1 MIAMI REAC	#1 MIAMI BEACH, FL 331397120	
Current Mailing Address:				New Mailing Address:	
	_			_	
949 PENNSYLVANIA APT 206 MIAMI BEACH, FL 331395422			#1	221 COLLINS AVENUE #1 MIAMI BEACH, FL 331397120	
FEI Number: 20-0565285 FEI Number Applied For() FEI Nu			FEI Number Not Applic	umber Not Applicable ( ) Certificate of Status Desired ( )	
Name an	d Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:	
#901	N, SAM RIDIAN AVE EACH, FL 3313	99 US			
	e named entity te of Florida.	submits this statement for the p	urpose of changing its	registered office or registered agent, or both,	
SIGNATL	JRE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICER	RS AND DIREC	CTORS:	ADDITIONS	CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DONELIN, JIM 949 PENNSYL	) Delete 	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	PATLAK, DAVI 321 COLLINS	AVE #1	Name: Address:	VD (X) Change ( ) Addition PATLAK, DAVID Y 221 COLLINS AVE #1 MIAMI BEACH, FL 331397120	
Title: Name: Address:	WASHKO, CH 953 COLLINS	AVE APT 209	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
City-St-Zip: Title: Name: Address:	REIS, HARRY 100 BAYVIEW	) Delete DR., APT. 1511 BEACH, FL 33160	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Address. City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	REIS, HARRY 100 BAYVIEW SUNNY ISLES D ( LUCK, LOUIS 20757 N.W. 9	DR., APT. 1511 BEACH, FL 33160 ) Delete TH CT., APT. 208	Name: Address:	()Change ()Addition ()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: DAVID Y. PATLAK VD 05/18/2008