2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000009357

1. Entity Name



FILED Sep 08, 2005 8:00 am Secretary of State

09-08-2005 90070 029 ****61.25

ASSOCIATION, INC.				/				
1 1030 N. KENDALL DR., SUITE 100 110:		Mailing Address 11030 N. KENDALL DR MIAMI, FL 33176	103 0 N. Kendall Dr., Suite 100		50065672			
<u> Y. O.</u>	BOX 212	3. Maiting Address BC	×212					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	08222005 Ch	g-NP CR28	037 (10/03)		
City & Stat		ESTERO	FC	4. FEI Number 51-0500725	5) 	plied For ot Applicable	
3392	8 USA.	339 28	CUS12	5. Certificate of Sta	itus Desired 🗀	\$8.75 Add Fee Require	litional d	
VILLAR G 11030 N. H MIAMI, EL	KENDALL DR., SUITE-400	gistered Agent	Street Address	PAOPENH (P.O. Box Number is N	5 K.U.	ment	Inc.	
	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and	SCAM CFP	,	n Ayeas o			9/ <u>入</u> and accept 23/ぐ	
Di	Filing Fee is \$61.25 ue by September 7, 2005		mpaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD VILLAR, GABRIEL 11030 N. KENDALL DR., SUITE 10 MIAMI, FL 33176	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGE		☐ Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VASQUEZ, JOHANNY 11030 N. KENDALL DR., SUITE 10 MIAMI, FL 33176	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BO	Clanci x 212	1 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALLIN, RAMON 11030 N. KENDALL DR., SUITE 10 MIAMI, FL 33176	∑ Delete O	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARIEC Steno	(55 0x 2/2 CC 33	☐ Change	Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		/	☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPES OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE!