

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**1. Mar 03, 2008 8:00 am
Secretary of State**

01-14-2008 90091 001 ****61.25

66002103



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-2490488** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YORRA, LILA
4201 NO. OCEAN DRIVE
HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lila Yorra

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-07-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODS, MARY LOU 1623 EAST LAKE WAY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SACCO, FRANK 1432 TRILLO AVE MIAMI, FL 331463313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CICCIA, NANCY 3215 N OCEAN DR #103 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MESA, ADRIAN 7101 SW 2ND CT PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP RODRIGUEZ, FELIX 7705 SW 88TH ST, APT B-213 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2T MERLANO, RIMA 3215 N OCEAN DR HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.