2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N03226

1. Entity Name
BETTER WAY OF MIAMI, INC.

Principal Place of Business	Mailing Address
800 NW 28 STREET MIAMI, FL 33127	800 NW 28 STREET MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE

04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2462933

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANG. BETH
% BETTER WAY
800 NW 28 ST
MIAMI, FL 33127

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

000000930845
05/21/08-80124-018 70.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	MOLANS, HEATHER
STREET ADDRESS	16100 SW 173 AVENUE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	PD
NAME	SALLIOU, CHARLES
STREET ADDRESS	780 NE 69TH STREET 3801
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	SD
NAME	WHITEHEAD, LINDA
STREET ADDRESS	1801 NW 9 AVENUE
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	TD
NAME	MARI, MARIA C
STREET ADDRESS	9515 S.W. 136 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	LANG, BETH
STREET ADDRESS	10901 NORTH BAY SHORE DRIVE
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	ALVAREZ, GREGORY
STREET ADDRESS	235 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

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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: _____ 4/23/08 786-412-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #