

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03226

FILED
Mar 18, 2009
Secretary of State

Entity Name: BETTER WAY OF MIAMI, INC.

Current Principal Place of Business:

800 NW 28 STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

800 NW 28 STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: 59-2462933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANG, MARY E
% BETTER WAY
800 NW 28 ST
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

LANG, MARY E
800 NW 28 ST
MIAMI, FL 33127 US

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.

SIGNATURE:

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MOLANS, HEATHER
Address: 16100 SW 173 AVENUE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: LANG, MARY E
Address: 10901 NORTH BAY SHORE DRIVE
City-St-Zip: MIAMI, FL 33161

Title: SD () Delete
Name: WHITEHEAD, LINDA
Address: 1801 NW 9 AVENUE
City-St-Zip: MIAMI, FL 33136

Title: TD () Delete
Name: MARI, MARIA C
Address: 9515 S.W. 136 STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: FESTINGER, MICHAEL
Address: 66 WEST FLAGLER STREET 9TH. FLOOR
City-St-Zip: MIAMI, FL 33187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETH LANG

CEO

03/18/2009

Electronic Signature of Signing Officer or Director

Date