## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03512

FILED Aug 16, 2006 Secretary of State

Entity Nam	e: FRIENDS OF GUSMAN CENTER, INC.		•
Current Principal Place of Business:		New Principal Place of Business:	
174 EAST F MIAMI, FL	FLAGLER ST. 33131		
Current Mailing Address:		New Mailing Address:	
25 S.E. 2ND AVENUE 415			
MIAMI, FL :	33131		
FEI Number: 59-2455510 FEI Number Applied For() FEI Num In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Name and Address of Current Registered Agent:			Certificate of Status Desired (X)  of New Registered Agent:
WILLIS, CLYDE ONE SE THIRD AVENUE SUITE 2100 MIAMI, FL 33131 US		WHARTON, MIKE 25 S.E. 2ND AVE 415 MIAMI, FL 33131 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registere	d office or registered agent, or both,
SIGNATUR	E: MIKE WHARTON		08/16/2006
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete GUSMAN, BOBBY 25 SE SECOND AVE, SUITE 415 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete WHARTON, MIKE 174 E. FLAGLER STREET MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete WILLIS, CLYDE 1 SE 3 AVENUE, #2100 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete NORIEGA, ART 190 NE 3RD STREET MIAMI, FL 33132	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE WHARTON DIR 08/16/2006