

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 17, 2010
Secretary of State

Entity Name: 82.5 MILE FUND, INC.

Current Principal Place of Business:

7850 N.W. 146TH ST.
STE. 508
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7850 N.W. 146TH ST.
STE. 508
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-0616256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVESAY, VICTORIA
7850 N.W. 146TH ST.
STE. 508
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: BARRY, PATRICK J
Address: 7850 N.W. 146TH ST., STE. 508
City-St-Zip: MIAMI LAKES, FL 33016

Title: VTD
Name: LIVESAY, VICTORIA
Address: 1911 N.W. 106TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D
Name: GOMEZ, MARTA
Address: 1723 W. 55TH PL.
City-St-Zip: HIALEAH, FL 33012

Title: D
Name: JAEN, JOSE A.M.D.
Address: 7100 W. 20TH AVE.
City-St-Zip: HIALEAH, FL 33016

Title: D
Name: EDGE, SETH
Address: 17001 S.W. 92ND CT.
City-St-Zip: PALMETTO BAY, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: PATRICK J BARRY MD

OWNE

06/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date