# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 27, 2007**
**Secretary of State**

DOCUMENT# N04000002125

**Entity Name:** FLORIDA CASE MANAGEMENT AGENCY, INC.

**Current Principal Place of Business:**

9140 COLLINS AVENUE #L
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9140 COLLINS AVENUE #L
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number: 20-0833466** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

GARCIA-ROJAS, DOLORES A
9140 COLLINS AVE , #L
SURFSIDE, FL 33154 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: PD ( ) Delete
Name: GARCIA-ROJAS, DOLORES A
Address: 9140 COLLINS AVENUE #L
City-St-Zip: SURFSIDE, FL 33154

Title: SD ( ) Delete
Name: GARCIA, FELIX O
Address: 2540 NW 83 AVE
City-St-Zip: SUNRISE, FL 33322

Title: TD ( ) Delete
Name: DEGRACIA, VILMA E
Address: 8864 NW 118 ST
City-St-Zip: HIALEAH, FL 33018

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: TREA ( ) Change (X) Addition
Name: POLIS, NATALIE
Address: 2540 NW 83 AVE
City-St-Zip: SUNRISE, FL 33322

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: DOLORES A GARCIA-ROJAS PD 08/27/2007

Electronic Signature of Signing Officer or Director — Date