

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003530

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: TROOP 76, INC.

**Current Principal Place of Business:**

ST. PHILIPS EPISCOPAL CHURCH  
1142 CORAL WAY  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

TROOP 76 C/O CARMELO RUBIO  
1401 TANGIER STREET  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1471880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VARGAS, PRISCILLA ESQ.  
12230 S.W. 68 AVENUE  
PINECREST, FL 33156 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: D ( ) Delete  
Name: FAMULARI, DAVID ESQ.  
Address: 200 S BISCAYNE BLVD, STE 300  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: RUBIO, CARMELO  
Address: 1401 TANGIER STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: VARGAS, PRISCILLA  
Address: 12230 SW 68 AVE  
City-St-Zip: PINECREST, FL 33156

**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:

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: PRISCILLA VARGAS

DIR

03/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date