## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009078

FILED Jul 05, 2005 Secretary of State

Entity Name: SUNNY ISLES BEACH COALITION OF CONCERNED CITIZENS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 16445 COLLINS AVENUE 2ND FLOOR SUNNY ISLES BEACH, FL 33160 **Current Mailing Address: New Mailing Address:** 16445 COLLINS AVENUE 2ND FLOOR SUNNY ISLES BEACH, FL 33160 FEI Number: 34-2018141 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: Name and Address of New Registered Agent: PHILLIPS, GARY S 4000 HOLLYWOOD BLVD SUITE 265-SOUTH HOLLYWOOD, FL 33021 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FUSCO, ALEX FUSCO, ALEXANDER Name: Name: 16445 COLLINS AVENUE Address: 16445 COLLINS AVENUE Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: SUNNY ISLES, FL 33160 Title: Title: () Change () Addition ( ) Delete Name: SHOR, JAD Name: Address: 17555 COLLINS AVENUE Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition BADIA, JIM Name: Name: 17375 COLLINS AVENUE Address: Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BEHAR, JOE Name: 19111 COLLINS AVENUE Address: Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition CANTRELL, MERCI Name: Name: 16711 COLLINS AVENUE Address: Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALEXANDER FUSCO PD 07/05/2005