


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000009078</b>	
1. Entity Name <b>SUNNY ISLES BEACH COALITION OF CONCERNED CITIZENS, INC.</b>	

Principal Place of Business <b>19111 COLLINS AVE MANAGEMENT OFFICE SUNNY ISLES BEACH, FL 33160</b>	Mailing Address <b>19111 COLLINS AVE MANAGEMENT OFFICE SUNNY ISLES, FL 33160</b>
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**DO NOT WRITE IN THIS SPACE**



07012007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>34-2018141</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PHILLIPS, GARY S  
4000 HOLLYWOOD BLVD SUITE 265-SOUTH  
HOLLYWOOD, FL 33021**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUSCO, ALEXANDER 16445 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOR, JAD 17555 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV BADIA, JIM 17375 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEHAR, JOE 19111 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTRELL, MERCI 16711 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000771884  
08/10/07-80004-030 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **8/1/07** **305-931-2910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #