## ,2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N04000009711 01-23-2006 90108 009 \*\*\*\*61.25 CULTURE VULTURES, INC. Principal Place of Business Mailing Address 1500 NW 107TH AVE. 1500 NW 107TH AVE. SUITE #200 SUITE #200 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address 1121 Bel Aire Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-NP CR2E037 (11/05) City & State Pembroke City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 33*02*7 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURNS, RICHARD 1500 NW 107TH AVE. Street Address (P.O. Box Number is Not Acceptable) **SUITE #200** MIAMI, FL 33172 Zip Code 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 . Signature, typed or printed name of registered agent and title if applicable. $\sim$ '(NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ☐ Addition FRIEDMAN, CONNIE DIFALCO NAME NAME 1500 NW 107TH AVE., SUITE #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition DEBIAGI, ANN NAME NAME STREET ADDRESS 1500 NW 107TH AVE., SUITE #200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-7IP TITLE Delete Vice President (Va) TITLE Ruth Rosenberg 1500 NW 107th Ave Suite#200 Miani-FL 33172 NAME ROSENBERG, RUTH NAME STREET ADDRESS 1500 NW 107TH AVE., SUITE #200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE Secretary LU QUI, BERNICE NAME NAME Leda Burns 1500 NW107th Ave Suite#200 1500 NW 107TH AVE., SUITE #200 STREET ADDRESS STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP Miami FL 33172 TELLE ☐ Detete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME ☐ Delete TITLE NAME and a second and the second STREET ADDRESS STREET ADDRESS 1. 1 2. 11. CITY-ST-ZIP 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 and accurate and that my signature shall have the same legal effect as if made under oath; that I am and flicer 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.

FILED

Jan 23, 2006 8:00 am

BERNICE LUQUI

SIGNATURE: