## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N05000001782 **Secretary of State** 1. Entity Name 07-24-2006 90008 022 \*\*\*\*70.00 LOVE, MIAMI FOUNDATION, INC. Principal Place of Business Mailing Address 85 NW 154 STREET MIAMI FL 33169 85 NW 154 STREET MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) City & State City & State 4. FEI Number Applied For Not Applicable Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGER-PETTYJOHN, LILY Street Address (P.O. Box Number is Not Acceptable) **85 NW 154 STREET** MIAMI FL 33169 Zip Code FL 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 (NOTE: Registered Agent signature required when roinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 1.0 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE ☐ Delete ☐ Change ☐ Addition BERGER-PETTYJOHN, LILY NAME NAME 85 NW 154 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-7IP D ☐ Delete TITLE DILE ☐ Change Addition CEARKE, JOHN NAME 85 NW 154 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-S1-ZIP CITY - ST - ZIP D TITLE ☐ Delete ☐ Change ☐ Addition ROSAS, JUAN NAME NAME **85 NW 154 STREET** STREET ADDRESS STREET ADDRESS CITY: ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TILE ☐ Delete BILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

dily Begger-1

18 July 06 305 2100953

FILED

Jul 24, 2006 8:00 am