

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009412

1. Entity Name
JEAN-RABEL ASSOCIATION FOR DEVELOPMENT, INC.



Principal Place of Business
**1051 NE 204TH LANE
MIAMI, FL 33162**

Mailing Address
**POST OFFICE BOX 695559
MIAMI, FL 33269**



04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0843633

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDSON-ARMAS, SUZIE
1051 NE 204TH LANE
MIAMI, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RICHARDSON-ARMAS, SUIZE
1051 NE 204TH LANE
MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HARRIGAN, THAMAR E
1781 NE 158TH STREET
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DAY-TOLENTINO, NATHALIE
701 NW 19TH STREET #309
FT. LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HARRIGAN, NASHLEY M
1781 NE 158TH STREET
NORTH MIAMI BEACH, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000762485
05/29/07-80011-001 70.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-07-07

726-308-0365