

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90041 010 ****61.25

60019367



01032006 Chg-NP CR2E037 (11/05)

4. FEI Number **01-0847667** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

AMBER, LAURIE K
7731 SW 62ND AVE.
SUITE 202
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KODNER, DAVE**
STREET ADDRESS **2265 CEDAR COVE CT**
CITY-ST-ZIP **RESTON, VA 22091**

TITLE **D** ☐ Delete
NAME **FAGENSON, LARRY**
STREET ADDRESS **120 W. 75TH ST APT 4A**
CITY-ST-ZIP **NEW YORK, NY 10023**

TITLE **D** ☐ Delete
NAME **AMBER, LAURIE K**
STREET ADDRESS **7731 SW 62ND AVE SUITE 202**
CITY-ST-ZIP **SOUTH MIAMI, FL 33143**

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **DPT KODNER, DAVE**
STREET ADDRESS **2265 CEDAR COVE CT**
CITY-ST-ZIP **RESTON, VA 22091**

TITLE ☐ Change ☐ Addition
NAME **DV FAGENSON, LARRY**
STREET ADDRESS **120 W. 75TH ST APT 4A**
CITY-ST-ZIP **NEW YORK, NY 10023**

TITLE ☐ Change ☐ Addition
NAME **DS AMBER, LAURIE K**
STREET ADDRESS **7731 SW 62ND AVE SUITE 202**
CITY-ST-ZIP **SOUTH MIAMI, FL 33143**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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 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: Laurie K. Amber Laurie K. Amber, Secretary 01/03/2006 305/ 661-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #