2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90031 005 ****70.00

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1. Entity Name
CONTEMPLATIVE OUTREACH OF MIAMI, INC.

Principal Place of Business	Mailing Address
4779 COLLINS AVENUE SUITE 2401 MIAMI BEACH, FL 33140	4779 COLLINS AVENUE SUITE 2401 MIAMI BEACH, FL 33140

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
210 SW 23 RD	210 SW 23 RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33129 Country: USA	Zip: 33129 Country: USA

4. FEI Number 65-1278832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUPORINI, PIER V
4779 COLLINS AVENUE
SUITE 2401
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name: LUPORINI, PIER V
Street Address (P.O. Box Number is Not Acceptable): 21205 YACHT CLUB DR #3109
~~210 SW 23 RD.~~
City: ~~MIAMI~~ Aventura **FL** Zip Code: ~~33129~~ 33180

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: LUPORINI, PIER V, President X [signature] DATE: 1/26/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUPORINI, PIER V 4779 COLLINS AVENUE #2401 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUPORINI, PIER V 21205 YACHT CLUB DR #3109 Aventura, FL 33180	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASTELLANOS, ISABEL 2625 COLLINS AVENUE #705 MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LLARENA, JUAN 210 SW 23RD ROAD MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] President 1/26/08 305-219-9083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #