

FILED

May 17, 2007 8:00 am  
Secretary of State

05-17-2007 90032 035 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N06000011725

1. Entity Name  
A COMMUNITY PROPERTY RECOVERY / A LIFE  
RECOVERY INCORPORATEDPrincipal Place of Business  
18520 NW 67TH AVENUE  
# 108  
MIAMI, FL 33015 USMailing Address  
18520 NW 67TH AVENUE  
# 108  
MIAMI, FL 33015 US

40115316



2. Principal Place of Business, No P.O. Box #

18520 NW 67 Ave / 08 18520 NW 67 Ave / 08

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

05032007

Chg-NP

CR2E037 (12/06)

City &amp; State

Miami FL

City &amp; State

Miami FL

4. FEI Number

61-1468415

Applied For

Not Applicable

Zip

33015

Country

Dade

Zip

33015

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRINER, ANDRE  
285 NW 44TH STREET  
MIAMI, FL 33127

Name

Griner, Andre

Street Address (P.O. Box Number is Not Acceptable)

285 NW 44 St

City

Miami

FL

Zip Code

33127

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

X Andre Griner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/16/07

DATE

Filing Fee is \$61.25  
Due by September 14, 20079. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | P                            | <input type="checkbox"/> Delete |
| NAME           | GRINER, ANDRE MR             |                                 |
| STREET ADDRESS | 285 NW 44TH ST               |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33127              |                                 |
| TITLE          | VP                           | <input type="checkbox"/> Delete |
| NAME           | ANDERSON, MARK MR            |                                 |
| STREET ADDRESS | 6645 PEMBROKE ROAD           |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES, FL 33023     |                                 |
| TITLE          | VP                           | <input type="checkbox"/> Delete |
| NAME           | RABAUULT, CHUCK MR *Emeritis |                                 |
| STREET ADDRESS | 3121 BRANDY WINE DRIVE       |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32308        |                                 |
| TITLE          | T                            | <input type="checkbox"/> Delete |
| NAME           | GRINER, GEORGIA MS           |                                 |
| STREET ADDRESS | 2826 NW 132ND STREET #2112   |                                 |
| CITY-ST-ZIP    | OPA LOCKA, FL 33054          |                                 |
| TITLE          | SEC                          | <input type="checkbox"/> Delete |
| NAME           | GRINER, SAILEY MRS           |                                 |
| STREET ADDRESS | 285 NW 44TH ST               |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33127              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | Pres                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Griner, Andre MR                 |  |
| STREET ADDRESS | 285 NW 44 Street                 |  |
| CITY-ST-ZIP    | Miami FL 33127                   |  |
| TITLE          | VP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Anderson Mark mr                 |  |
| STREET ADDRESS | 6645 Pembroke Road               |  |
| CITY-ST-ZIP    | Pembroke Pines FL 33023          |  |
| TITLE          | VP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Rababault, Chuck                 |  |
| STREET ADDRESS | 3121 Brandy Wine Dr Mr *Emeritis |  |
| CITY-ST-ZIP    | Tallahassee Fla 32308            |  |
| TITLE          | Treasurer, V.P.                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Griner, Georgia                  |  |
| STREET ADDRESS | 18520 NW 67 Ave 108              |  |
| CITY-ST-ZIP    | Miami FL 33015                   |  |
| TITLE          | Secy                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Griner, Sailey MR.               |  |
| STREET ADDRESS | 285 NW 44 St                     |  |
| CITY-ST-ZIP    | Miami FL 33127                   |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| 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:

Andre Griner

Date

Daytime Phone #

04/16/07 786 2853774

*Paid for This year**(11)*

## Division of Corporations

ATTACHMENT

## Annual Report

40115 316

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number

P04000006526

Business Entity Name

~~A PROPERTY RECOVERY & ASSISTANCE  
BROKERS, INC.~~FEI Number *61-1468415*

611468415

FEI Number Status

Certificate of Status Desired

No

Election Campaign Financing Trust Fund  
Contribution*YES \$100*

## Principal Place of Business

Address 18520 NW 67TH AVE. #108

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code &amp; Country 33015

*\$61.25  
Surviving Company  
(NonProfit) A Community Property Recovery / A Life  
Recovery  
Inc.*

## Mailing Address

Address 18520 NW 67TH AVE. #108

Suite, Apt. #, etc. *#108*

City, State MIAMI, FL

Zip Code &amp; Country 33015

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) GRINER, ANDRE

Address 18520 NW 67TH AVE. #108

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code &amp; Country 33015 US

Registered Agent Signature

## Officer/Director Name and Address

Title D

Name (Last, First, Middle, Title) GRINER, ANDRE

Street Address 18520 NW 67TH AVE. #108

ATTACHMENT

40115316

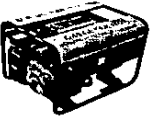
#N06000011725

A Community Property Recovery/ A Life Recovery, Inc.

18520 N.W. 67th Ave #108

Miami Gardens, Florida 33015

Office: 305-628-5377 Fax: 305-628-2499



You Rent  
You Own  
Your Home

Affordable  
Homes

Build Credit as  
you pay your  
bills

Generators in all  
homes

We report to  
Experian

A  
D & B  
Rated  
Company

Officers:  
Andre Griner  
Georgia Griner  
Mark Anderson  
\*Chuck Rabault  
\*Emeritus

Anne Francis  
C.O.O.

04/16/07 Re: EIN 61-1468415

Dear Ms Tadloc & Ms Murry:

Thank you so much for your  
diligent work. For right now  
all is settled. FYI, when  
The Federal Govt sends us a  
document ORIG filed in 1991  
you will hear from us Again.  
I'll explain more when that  
day arrives.

Included is Annual Report  
\$61  $\frac{25}{100}$  per the surviving company.

I do expect the start date to  
be **2004**. If you recall I Asked  
(Ms Murry) that first, I Also expect  
the Name to be: **A Community Property  
Recovery/ A Life Recovery, Inc.**  
Non Profit. I Am Most Sincerely

Andre Griner Andre Griner