

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 01, 2012**  
**Secretary of State**

DOCUMENT# N08000010135

**Entity Name:** THE CONSEQUENCES FOUNDATION, INC.**Current Principal Place of Business:**905 BRICKELL BAY DRIVE  
TOWER TWO LOBBY SUITE 2CL24  
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**801 BRICKELL BAY DRIVE  
MAILBOX 9  
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 26-3652367**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FITZGERALD, SAMANTHA ESQ.  
9505 PINE ISLAND ROAD  
SUITE A-150  
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CLARKE, JASON  
Address: 645 NE 77TH STREET #10  
City-St-Zip: MIAMI, FL 33138

Title: D  
Name: BLACK, LEA  
Address: 832 S GREENWAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: GERSTEIN, NORMAN  
Address: 5575 OAK LANE  
City-St-Zip: CORAL GABLES, FL 33156

Title: D  
Name: BLACK, ROY  
Address: 832 SOUTH GREENWAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON F. CLARKE

D

05/01/2012

Electronic Signature of Signing Officer or Director

Date