2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# N08884

Entity Name: MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.

Current Principal Place of Business:

2810 NW SOUTH RIVER DR
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

2810 NW SOUTH RIVER DR
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 59-2569847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOLOVEI, STEPHANIE K
2810 NW SOUTH RIVER DR
MIAMI, FL 33125 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: SD ( ) Delete
Name: CESARANO, SHEILA M
Address: 201 S BISCAYNE BLVD STE 1500
City-St-Zip: MIAMI, FL 33131 US

Title: PD ( ) Delete
Name: KAHN-DRODY, LANI
Address: 5774 SW 76 TER
City-St-Zip: MIAMI, FL 33143 US

Title: MD ( ) Delete
Name: SOLOVEI, STEPHANIE K
Address: 8830 SW 123 CT I-101
City-St-Zip: MIAMI, FL 33186 US

Title: TD ( ) Delete
Name: MARSHALL, IRENE A
Address: 12515 SW 112 CT
City-St-Zip: MIAMI, FL 33176 US

Title: VD ( ) Delete
Name: SANTINI, SEAN R
Address: 1221 BRICKELL AVE 22 FLOOR
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: GOMEZ-KAIFER, MARELLE
Address: 3610 DURANGO ST
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: SANTINI, SEAN R
Address: 1 SW 3 AVE 28 FL
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHANIE K SOLOVEI MD 01/23/2006

Electronic Signature of Signing Officer or Director — Date