

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08884

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**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:**

ANDREWS, MARY J  
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  
Name: MALONE, OMAR ESQ  
Address: 701 BRICKELL AVENUE, SUITE 1550  
City-St-Zip: MIAMI, FL 33131 US

Title: VPD  
Name: ISLAMI, JAHAN ESQ  
Address: ONE SOUTHEAST THIRD AVENUE, 25TH FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: TD  
Name: MARTIN, BEATRIZ  
Address: 999 PONCE DE LEON BLVD, SUITE 1045  
City-St-Zip: MIAMI, FL 33134 US

Title: PD  
Name: MUNILLA, NATACHA  
Address: 7035 SW 47 STREET, SUITE G  
City-St-Zip: MIAMI, FL 33155

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: MARY ANDREWS

D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date