

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 25, 2011
Secretary of State

DOCUMENT# N09000008921

Entity Name: 17TH STREET CAUSEWAY ALLIANCE, INC.**Current Principal Place of Business:**1300 SE 17TH ST.
FORT LAUDERDALE, FL 33316 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 461090
FORT LAUDERDALE, FL 33346 US**New Mailing Address:****FEI Number:** 27-0919561**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MIHAU, GEORGE M
600 W. LAS OLAS BLVD.
#1602
FORT LAUDERDALE, FL 33312 US**Name and Address of New Registered Agent:**SMITH, BRIAN
6300 NE 1ST AVE
THIRD FLOOR
FORT LAUDERDALE, FL 33334 US

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: BRIAN SMITH

04/25/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: JOHNSON, BEN
Address: POST OFFICE BOX 461090
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: VD
Name: LIEBERMAN, LAURA
Address: POST OFFICE BOX 461090
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: VD
Name: FRENCH, MIKE
Address: POST OFFICE BOX 461090
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: VD
Name: ELLIS, EUGENIA
Address: POST OFFICE BOX 461090
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: TR
Name: SMITH, BRIAN
Address: POST OFFICE BOX 461090
City-St-Zip: FORT LAUDERDALE, FL 33346

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: BRIAN SMITH

TR

04/25/2011

Electronic Signature of Signing Officer or Director_____
Date