

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90062 001 \*\*\*\*20.42  
02-12-2008 90062 002 \*\*\*\*30.62  
02-12-2008 90062 003 \*\*\*\*10.21

66001001



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1052480</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SABATELLO, CARL M  
5610 PGA BLVD., #114  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABATELLO, CARL M. 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARZA, DORU DR. 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALTICENI, DEMETRI DR. 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carl M. Sabatello, Manager* 2/5/08  
Date Daytime Phone # (561) 626-1600