

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N30281

1. Entity Name
FIRE FIGHTERS MEMORIAL BUILDING CORPORATION



Principal Place of Business
8000 NW 21ST ST.
STE. 222
MIAMI, FL 33122 US

Mailing Address
8000 NW 21 ST
SUITE 222
MIAMI, FL 33122-1605 US



02132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0193375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLS, STANLEY
8000 NW 21 ST
SUITE 222
MIAMI, FL 33122

**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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILLS, STANLEY
STREET ADDRESS	8000 NW 21ST ST., STE. 222
CITY-STATE-ZIP	MIAMI, FL 33122
TITLE	VPD
NAME	CRUZ, AL
STREET ADDRESS	8000 NW 21 STREET, SUITE 222
CITY-STATE-ZIP	MIAMI, FL 33122
TITLE	SD
NAME	RAINEY, GARY
STREET ADDRESS	8000 NW 21 STREET, SUITE 222
CITY-STATE-ZIP	MIAMI, FL 33122
TITLE	T
NAME	JOAQUIN, DELEVETO
STREET ADDRESS	8000 NW 21 STREET, SUITE 222
CITY-STATE-ZIP	MIAMI, FL 33122
TITLE	D
NAME	GELBERT, MANNY
STREET ADDRESS	8000 NW 21 STREET, SUITE 222
CITY-STATE-ZIP	MIAMI, FL 33122
TITLE	VP
NAME	THOMPSON, MICHAEL
STREET ADDRESS	8000 NW 21 ST SUITE 222
CITY-STATE-ZIP	MIAMI, FL 33122

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02/26/08-80044-017 61.25

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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

Date _____ Daytime Phone # _____