

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N35241 1. Entity Name MIAMI LITTLE RIVER LIONS CLUB, INC.	
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Principal Place of Business
470 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162 US

Mailing Address
MARK GLICKSMAN
PO BOX 640043
MIAMI, FL 33164 US



04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-6170042	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLICKSMAN, MARK
470 NE 167TH STREET
MIAMI, FL 33162

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	VD ROSARIO, JOHN 2801 SW 195 TERR MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSARIO, DEBBIE 2801 SW 195 TERR MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLICKSMAN, MARK 470 NE 167TH ST. N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENZI, JR., LOU 2803 POINT GOSS DR. #K412 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000501324
04/25/06-80054-017 61.25

**DO NOT WRITE
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

4/7/06

Date

(305) 945-7377

Daytime Phone #