

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90303 043 ****70.00

DOCUMENT # N35282

1. Entity Name
FLORIDA PATHWAYS, INC.



Principal Place of Business

5200 NE 2ND AVE.
MIAMI, FL 33137

Mailing Address

5200 NE 2ND AVE.
MIAMI, FL 33137

40000007



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0198276

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CYPEN, STEPHEN H ESQ.
825 ARTHUR GODFREY RD.
MIAMI BEACH, FL 33140

**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, 2005**

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
D
GOLDSTEIN, GOLDIE
11470 VICTORIA CIRCLE
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUSSEL, ANN
420 ROVINO AVE
CORAL GABLES, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GROSS, DOUG
3801 NE 207 ST #2801
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARK, ARTHUR
9180 W. BAY HARBOR DRIVE
MIAMI BEACH, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

DOUG GROSS

3/09/05

Date

305-75186216

Daytime Phone #