



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90014 001 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40030100 	
City & State		City & State		01282008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0198276	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CYPEN, STEPHEN H ESQ. 825 ARTHUR GODFREY RD. MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name: <u>Cypen, Stephen H Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>777 Arthur Godfrey Rd.</u> City: <u>Miami Beach</u> FL Zip Code: <u>33140</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINE, MARTIN 701 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOCK, FRED 5200 NE 2ND AVENUE MIAMI, FL 33137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MIOT, SANDFORD 2500 WESTON ROAD SUITE 302 WESTON, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fieldstone, Ronnie 201 Alhambra Circle Coral Gables, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fieldstone, Ronnie 201 Alhambra Circle Coral Gables, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fieldstone, Ronnie 201 Alhambra Circle Coral Gables, FL 33134	<input type="checkbox"/> Delete			
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: <u>Martin Fine</u> Date: <u>2/1/08</u> Daytime Phone #: <u>305.789.7710</u>					