2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State
06-19-2006 90002 028 ****61.25

DOCUMENT # N42968

1. Entity Name

AMVETS DADE-BROWARD MEMORIAL POST 11, INC.

Principal Place of Business	Mailing Address
15299 NE 12TH AVE. NORTH MIAMI BEACH FL 33162-5844	15299 NE 12TH AVE. NORTH MIAMI BEACH FL 33162-5844

2. Principal Place of Business	3. Mailing Address
1640 NE 137th TERR.	1640 NE 137th TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami, FL.	City & State: North Miami, FL.
Zip: 33181-1310 / Country: US	Zip: 33181-1310 / Country: US

1st MOORE CR2E037 (10/05)

4. FEI Number: NO-T APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPUTO, DANIEL J 15299 NE 12TH AVE N MIAMI BEACH FL 33162-5844	Name: FRANK SANTIAGO Street Address (P.O. Box Number is Not Acceptable): 1640 NE 137th TERRACE City: North Miami FL Zip Code: 33181-1310

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: Frank Santiago — June 13, 2006

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

FILE NOW: FEE IS $61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	CAPUTO, DANIEL J.	NAME	SANTIAGO, FRANK
STREET ADDRESS	15299 N.E. 12TH AVENUE	STREET ADDRESS	1640 NE 137th TERR.
CITY-ST-ZIP	N. MIAMI BEACH FL 33162-5844	CITY-ST-ZIP	North Miami, FL. 33181-1310
TITLE	A ☒ Delete	TITLE	A ☒ Change ☐ Addition
NAME	CHIPMAN, NOLAN P	NAME	Silverman, Abe
STREET ADDRESS	PO BOX 016155	STREET ADDRESS	18151 NE 31st Court #1207
CITY-ST-ZIP	MIAMI FL 33101	CITY-ST-ZIP	Aventura, FL. 33160
TITLE	SO ☒ Delete	TITLE	SO ☒ Change ☐ Addition
NAME	MENIN, STANLEY S	NAME	Rouzier, Bernard
STREET ADDRESS	1301 NE 191ST ST #417	STREET ADDRESS	15200 NE 12th Ave
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	CITY-ST-ZIP	North Miami Beach, FL. 33162
TITLE	T ☒ Delete	TITLE	T ☒ Change ☐ Addition
NAME	SANTIGO, FRANK	NAME	Cruz, Mariano
STREET ADDRESS	6736 PANSY DR	STREET ADDRESS	1227 NW 26th St.
CITY-ST-ZIP	MIRAMAR FL 33023	CITY-ST-ZIP	Miami, FL. 33142-7639
TITLE	T ☒ Delete	TITLE	T ☒ Change ☐ Addition
NAME	SMITH, ROBERT L	NAME	Gailor, Frederick
STREET ADDRESS	1925 NE 124TH ST	STREET ADDRESS	15300 NE 12th Ave.
CITY-ST-ZIP	NORTH MIAMI FL 33181	CITY-ST-ZIP	North Miami Beach, FL. 33162
TITLE	C ☒ Delete	TITLE	C ☒ Change ☐ Addition
NAME	DENNIS, EDWIN	NAME	Daley, William E.
STREET ADDRESS	1454 WEST 72ND STREET	STREET ADDRESS	P.O. Box 381391
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	Miami, FL. 33238-1391

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frank Santiago 6/13/2006 305 895-1640