


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90013 026 \*\*\*\*61.25

<b>DOCUMENT # N47307</b> 1. Entity Name <b>THE PROLOGUE SOCIETY, INC.</b>					
Principal Place of Business <b>C/O NORTHERN TRUST COMPANY 700 BRICKELL AVE MIAMI, FL</b>			Mailing Address <b>C/O NORTHERN TRUST COMPANY 700 BRICKELL AVE MIAMI, FL</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0334615</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SACHER, CHARLES P ESQ SACHER, MARTINI &amp; SACHER, P.A. 2655 LEJEUNE RD, SUITE 1101 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>BETAHCOURT-LEWIS, CARMEN</b> <b>700 BRICKELL AVENUE</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; text-align: center;">* SEE ATTACHED</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCHMAN, RAY E</b> <b>700 BRICKELL AVENUE</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CRUZ, DIANE</b> <b>700 BRICKELL AVE.</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEINTRAUB, ALBERT L</b> <b>5TH FLR, 2250 SW 3RD AVENUE</b> <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		

# ATTACHMENT

# N47307

SACHER, MARTINI & SACHER, P.A.

ATTORNEYS AT LAW

2655 LeJeune Road, Suite 1101, Coral Gables, Florida 33134

Telephone: 305/448-3900 • Facsimile: 305/446-9206

Charles P. Sacher  
Gregory T. Martini  
Charles S. Sacher

January 30, 2006

Nancy A. Richman  
Pedro L. Abreu  
OF COUNSEL  
Martin E. Segal, P.A.

***Certified Mail - Return Receipt Requested***  
***Article # 7004 2510 0001 3196 8423***

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: The Prologue Society, Inc.  
Our File No. 2214-7

Dear Sir or Madam:

On behalf of The Prologue Society, Inc., I enclose herewith the following:

1. 2006 Not-For-Profit Corporation Annual Report;
2. Separate attachment representing Box 11 Additions/Changes to Officers and Directors; and
3. The Prologue Society, Inc. check no. 1163 made payable to Florida Department of State in the amount of \$61.25 representing your filing fee.

Please accept these documents for filing.

Thank you for your attention to this matter.

Very truly yours,



Charles P. Sacher

CPS:jmg  
Enclosures  
cc: Ms. Carmen Betancourt-Lewis  
Ms. Diane Cruz

# ATTACHMENT

#N47307

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
Title Name Street Address City - St - Zip	D MICHAEL BANDER 500 Alhambra Circle Coral Gables, FL 33134	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D PAUL BENJAMIN, D.M.D. 25 SE 2 <sup>nd</sup> Avenue, Suite 336 Miami, FL 331361	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D WILL BLECHMAN, M.D. 5250 SW 84 <sup>th</sup> Street Miami, FL 33143	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D HOWARD KLEINBERG 14520 SW 79 <sup>th</sup> Court Palmetto Bay, FL 33158	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D/V ALFRED ALLAN LEWIS 5660 Collins Avenue, Apt. 4E Miami Beach, FL 33140	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D ARVA PARKS McCABE 1601 S. Miami Avenue Miami, FL 33129	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D DR. ROBERT H. McCABE 1601 S. Miami Avenue Miami, FL 33129	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D GUILLERMO MENENDEZ 7300 Los Pinos Boulevard Coral Gables, FL 33143	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D BECKY ROPER MATKOV Dade Heritage Trust - 190 SE 12 <sup>th</sup> Terrace Miami, FL 33131	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D DR. GUIDO RUGGIERO, Ph.D. University of Miami - Dept of History - PO Box 248107 Coral Gables, FL 33124	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D ROBERT RUWITCH 601 Brickell Key Drive, Apt. 505 Miami, FL 33131	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D JOANNE SCHULTE 600 Coral Way, Unit 8 Coral Gables, FL 33134	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City - St - Zip	D/S/T DIANE CRUZ 1119 NW 161 Avenue Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Title Name Street Address City - St - Zip	C/D CARMEN BETANCOURT-LEWIS 1111 Grandon Blvd. Apt. B302 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition