

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90063 046 ****70.00

DOCUMENT # N47676

1. Entity Name
MIAMI POPS, INC.



Principal Place of Business
**500 AUSTRALIAN AVE SOUTH
100
WEST PALM BEACH, FL 33401**

Mailing Address
**500 AUSTRALIAN AVE SOUTH
100
WEST PALM BEACH, FL 33401**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**FITZGERALD, JAMES F
500 AUSTRALIAN AVE SOUTH
100
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **ARONSON Robert I**

Street Address (P.O. Box Number is Not Acceptable)
500 AUSTRALIAN AVE South

Suite 100

City **West Palm Beach** FL Zip Code **33401**

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

Robert Aronson **Robert Aronson Secretary**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAPPIN, W. ROBERT**
CITY-ST-ZIP **500 AUSTRALIAN AVE SOUTH
WEST PALM BEACH, FL 33401**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BROGAN, JOHN**
CITY-ST-ZIP **500 AUSTRALIAN AVE SOUTH
WEST PALM BEACH, FL 33401**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FITZGERALD, JAMES**
CITY-ST-ZIP **500 AUSTRALIAN AVE SOUTH
WEST PALM BEACH, FL 33401**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PIERRAFESA, RICHARD C**
CITY-ST-ZIP **500 AUSTRALIAN AVE SOUTH
WEST PALM BEACH, FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Section ARONSON Robert I**
STREET ADDRESS **500 AUSTRALIAN AVE South Suite 100**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Aronson **Robert Aronson Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/07 561-832-7677