

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N47976

Entity Name

MIAMI NORTHWESTERN CLASS OF 1962, INC.



FILED

06 JUL 31 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 310 NW 177TH TERR OPA LOCKA FL 33056	Mailing Address 3310 NW 177TH TERR OPA LOCKA FL 33056
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Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 65-0333156	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, WENDELL 18205 N.W. 5TH COURT MIAMI FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
LE JAE REET ADDRESS TY-ST-ZIP	PD GIVENS, ORSIBE % 18931 NW 24TH AVE OPA LOCKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500078382255 08/04/06--01045--012 **\$61.25
LE JAE REET ADDRESS TY-ST-ZIP	SD KINEARD, BERNDA S. % 18931 NW 24TH AVE OPA LOCKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE JAE REET ADDRESS TY-ST-ZIP	VVP WILLIAMS, ERNSTINE HUNTE 18931 NW 24 AVE OPA LOCKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE JAE REET ADDRESS TY-ST-ZIP	TD BROWN, JOHNNY % 18931 NW 24TH AVE OPA LOCKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE JAE REET ADDRESS TY-ST-ZIP	D SMITH, ADDIE 570 HARLEM AVENUE OPA LOCKA FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE JAE REET ADDRESS TY-ST-ZIP	D ELLIS, BENJAMIN (MGR.) % 18931 NW 24TH AVE OPA LOCKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JC 8/3

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

SIGNATURE.

Orsibe Givens

7/24/06