

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90069 042 \*\*\*\*61.25

20006632



01282005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0330579** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI, INC.  
201 S BISCAYNE BLVD  
SUITE 1600  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	LEWIS, JONATHAN D	
STREET ADDRESS	4649 PONCE DE LEON BLVD #304	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POSADA, ROBERTO	
STREET ADDRESS	4649 PONCE DE LEON BLVD #304	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLARES, MARIA R	
STREET ADDRESS	4649 PONCE DE LEON BLVD #304	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LA VEGA, DANIA B	
STREET ADDRESS	4649 PONCE DE LEON BLVD #304	
CITY-ST-ZIP	MIAMI, FL 331463	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, BRUCE	
STREET ADDRESS	201 SO BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dania de la Vega  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-28-05 305 669-8990