

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50230

FILED
Jan 17, 2012
Secretary of State

Entity Name: DISTRICT FOUR, INC.

Current Principal Place of Business:

6401 SW 87 AVE
STE 204
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

6401 SW 87 AVE
STE 204
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0349921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, DAVID
6401 S.W. 87 AVE., SUITE 204
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD
Name: BERSACH, TERESITA
Address: 2690 WESTON ROAD, SUITE 101
City-St-Zip: WESTON, FL 33331

Title: D
Name: MCGRAW-ABEL, CORIE
Address: 206 NAVAJO STREET
City-St-Zip: TAVERNIER, FL 33070

Title: D
Name: BARRERA, DOMINIQUE
Address: 520 SOUTHART STREET
City-St-Zip: KEY WEST, FL 33040

Title: DS
Name: LEVINE, MAUREEN
Address: 700 S ROYAL POINCIANA BLVD # 400
City-St-Zip: MIAMI, FL 33166

Title: D
Name: POMARES, MARTHA
Address: 6676 SW 103 COURT
City-St-Zip: MIAMI, FL 33173

Title: D
Name: BIANCHINO, AVA
Address: 31031 AVENUE A
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAUREEN LEVINE

S/D

01/17/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date