

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000180

FILED  
May 24, 2006  
Secretary of State

Entity Name: THE SOUTH BEACH AIDS PROJECT, INC.

**Current Principal Place of Business:**

1234 WASHINGTON AVENUE  
SUITE 200  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1234 WASHINGTON AVENUE  
SUITE 200  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 65-0369350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GARRITY, KEVIN E  
1234 WASHINGTON AVENUE  
SUITE 200  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

CHARLES, MARTIN W  
1234 WASHINGTON AVENUE  
SUITE 200  
MIAMI BEACH, FL 33139 US

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: CHARLES W. MARTIN

05/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete  
Name: GRABOWSKI, ROBERT  
Address: 950 PENNSYLVANIA AVE. #18  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete  
Name: FOSTER, GEORGIA  
Address: 7810 NW 5TH PLACE  
City-St-Zip: PLANTATION, FL 33324

Title: T ( ) Delete  
Name: QUACKENBUSH, GAIL R  
Address: 300 SOUTH POINTE DRIVE #2805  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: HART, RAYMOND  
Address: 1717 NORTH BAYSHORE DRIVE, #2532  
City-St-Zip: MIAMI, FL 33132

Title: MR. ( ) Delete  
Name: JOHN, ROBERT  
Address: 1234 WASHINGTON AVENUE #200  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D/C ( ) Delete  
Name: MILLNER, THOMAS  
Address: 2212 NE 17TH CCOURT  
City-St-Zip: FORT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES W. MARTIN

D

05/24/2006

Electronic Signature of Signing Officer or Director

Date