

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90087 004 ****61.25

40073610



01212008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0441687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT KAYE & ASSOCIATES
6261 NW 6TH STREET SUITE 103
FORT LAUDERDALE, FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD	<input type="checkbox"/> Delete
NAME	BATTAGLIA, ROBIN	
STREET ADDRESS	17624 SW 6 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATAMOROS, ALEX	
STREET ADDRESS	17620 SW 4 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DE LA POZ, ROSE	
STREET ADDRESS	17621 SW 4 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JOHNSON-YOUNG, GLEANDAL	
STREET ADDRESS	535 SW 177 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIMAGE, JEAN HAROLD	
STREET ADDRESS	513 SW 176 WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSNER, STEVEN	
STREET ADDRESS	651 SW 176 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33029	

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
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
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:

Robin Battaglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08
Date

Daytime Phone #