

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90007 005 ****61.25

DOCUMENT # N93000000642					
1. Entity Name CARRFOUR SUPPORTIVE HOUSING, INC.					
Principal Place of Business 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131 US			Mailing Address 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 2828 CORAL WAY Suite, Apt., etc. 500		3. Mailing Address 2828 CORAL WAY Suite, Apt., etc. 500		40034472 	
City & State MIAMI, FLORIDA Zip 33145 Country USA		City & State MIAMI, FLORIDA Zip 33145 Country USA		4. FEI Number 65-0387766 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02122008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BERMAN, STEPHANIE 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: BERMAN, STEPHANIE Street Address (P.O. Box Number is Not Acceptable): 2828 CORAL WAY Suite 500 City: MIAMI, FL Zip Code: 33145		
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: <i>Stephanie Berman</i> (NOTE: Registered Agent signature required when reinstating) DATE: 2/11/08					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C NAME GARCIA, TERE STREET ADDRESS 2601 S BAYSHORE DRIVE 10TH FL CITY-ST-ZIP MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME DANNER, STEPHEN STREET ADDRESS 1101 BRICKELL AVE STE 1402 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME CASALE, FRANKLYN MSGR STREET ADDRESS 16400 NW 32ND AVE CITY-ST-ZIP MIAMI, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VC NAME MESSER, JOHN STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2450 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE CHAIRPERSON NAME JOHN MESSER STREET ADDRESS 801 BRICKELL AVE, Ste. 2450 CITY-ST-ZIP MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME QUICK, LINDA S STREET ADDRESS 6363 TAFT STREET, STE 200 CITY-ST-ZIP HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete		TITLE VICE CHAIR NAME ALAN OJEDA STREET ADDRESS 1000 BRICKELL AVE, Ste 1015 CITY-ST-ZIP MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE IP NAME BERMAN, STEPHANIE STREET ADDRESS 155 SOUTH MIAMI AVENUE SUITE 850 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME STEPHANIE BERMAN STREET ADDRESS 2828 CORAL WAY, SUITE 500 CITY-ST-ZIP MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Stephanie Berman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/11/08 Date Daytime Phone #		