2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90103 033 ****61.25

1. Entity Nam	MENT # N9300000 Cal NO. 1416 RETIREE C	4007	337 4	103 033	01.23				
816 NW 2ND AVE 81		Mailing Address 816 N.W. 2ND AVE. MIAMI, FL 33136	816 N.W. 2ND AVE.		ağ ilin sant San as	: 	HA KANTI S enin 418	((1)	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E03	7 (12/06)		
City & State		City & State		4. FEI Number 65-04489	06		F-4-	pplied For	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired		\$8.75 Add		
	6. Name and Address of Current	t Registered Agent		7. Name and Ad	dress of New f	Registered /	gent		
ELAYMAN NEII				Name					
FLAXMAN, NEIL 550 BILTMORE WAY STE 780			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
:	ABLES, FL 33134				•		•	•	
			City			FL	Zip Code	9	
	named entity submits this statement folions of registered agent.	or the purpose of changing its	s registered office or n	egistered agent, or both, i	n the Slate of Fl	orida. Tam f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	il and title if applicable (NO	E: Registered Agent signature	required when reinstaling)		DATE			
SIGNATURE	Signature, typed or primed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008	9. Election Ca	E: Registered Agent signature mpaign Financing Contribution.	\$5.00 May Be	1	DATE Nake check rida Depart		,	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be	Fior	lake check rida Depart	ment of St	ate	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

4-3-08

Daytime Phone #