

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90020 044 ****61.25

40110507



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0510555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STREAMLINE PROPERTIES, INC.
1125 WASHINGTON AVE.
MIAMI BEACH, FL 33139

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S
NAME CREMEDES, GUAL ☒ Delete
STREET ADDRESS 325 MERIDIAN PLACE #11
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE T ☒ Change ☐ Addition
NAME CREMEDES, GUAL
STREET ADDRESS 325 MERIDIAN AVE, #11
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE T ☒ Delete
NAME KLEINMAN, REBECCA
STREET ADDRESS 325 MERIDIAN PLACE #18
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE S ☒ Change ☐ Addition
NAME KLEINMAN, REBECCA
STREET ADDRESS 325 MERIDIAN AVE. #18
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE P ☐ Delete
NAME HOOPER, JULIE
STREET ADDRESS 325 MERIDIAN AVE #17
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME GROSS, SAUL
STREET ADDRESS 1125 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Saul Gross, Asst Sec

4/25/07

305-532-7361