

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90289 036 ****61.25

14011279



04142005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0617821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RANDALL K. ROGER AND ASSOCIATES
612 NW 53RD STREET, #300
BOCA RATON, FL 33487

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, 2005

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	DINER, MANUEL	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HILL, JOHN	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ORGE, ANA	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LIBERMAN, LEA	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSKE, KEVIN	
STREET ADDRESS	3300 CORPORATE AVE., #110	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORSO, KATHY	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston FL 33331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMSTAD, SAM	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston FL 33331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, ERNESTO	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKE, KEVIN	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston FL 33331	
TITLE		<input checked="" 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 exemption stated in Section 119.07(3)(i), 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 #

4-20-05