

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90235 020 \*\*\*\*61.25

40065431



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0534129	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PRUESS, PAUL  
10101 COLLINS AVENUE  
BAL HARBOUR, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	GILINSKI, PERLA
STREET ADDRESS	10101 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	DVP
NAME	RAKOWSKI, HENRY
STREET ADDRESS	10101 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR, FL
TITLE	D
NAME	MORALIS, LISA <i>MORALES</i>
STREET ADDRESS	10101 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	D
NAME	TARAN, ALBERT
STREET ADDRESS	10101 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	P
NAME	PRUESS, PAUL
STREET ADDRESS	10101 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	SD
NAME	GILINSKI, LAZAR
STREET ADDRESS	10101 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

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

LAZAR GILINSKI

APRIL 5/07

Date

305-866-5588

Daytime Phone #