

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90178 036 ****61.25

24072015



04262004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0560049** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF DAVID ROGEL, ESQ
5201 BLUE LAGAN AVE., STE 100
MIAMI, FL 33126

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, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, RUSSELL 1881 WASHINGTON AVENUE, UNIT 11A MIAMI BEACH, FL 33139	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, ROBERT 1881 WASHINGTON AVE. #7A MIAMI BEACH, FL 33139	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIMINEZ, RENE 1881 WASHINGTON AVE. #8A MIAMI BEACH, FL 33139	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBERT, SHAN 1881 WASHINGTON AVE. #15F MIAMI BEACH, FL 33139	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUMAT, GIORGIO 1881 WASHINGTON AVE. #4B MIAMI BEACH, FL 33139	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDOUT, CRAIG 1881 WASHINGTON AVE 10B MIAMI BEACH, FL 33139	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIDY, RAUL 1881 Washington Ave Miami Beach, FL 33139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD West, Robert 1881 Washington Ave # 7A Miami Beach, Florida 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, BRADLEY 1881 Washington Ave # 3E Miami Beach, FL 33139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Albert, Shan 1881 Washington Ave 15F Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodriguez, CLARA 1881 Washing to Ave Miami Beach, FL 33139	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Day _____ Davime Phone # _____