

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90035 007 \*\*\*\*61.25

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N95000005985</b>                  |  |
| 1. Entity Name<br><b>FIFTY OVER FIFTY, INC.</b> |                                                                                   |

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>430 GRAND BAY DR.<br/>PH2-AS<br/>KEY BISCAYNE, FL 33149</b> | Mailing Address<br><b>430 GRAND BAY DR.<br/>PH2-AS<br/>KEY BISCAYNE, FL 33149</b> |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

**60007770**



|                                                                                                                                                                                                                  |  |                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br><b>c/o Rachel Blechman<br/>Suite, Apt. #, etc. <del>Holland Knight LLP</del><br/>701 Brickell Ave, Ste 3000<br/>City &amp; State<br/><b>Miami</b><br/>Zip<br/><b>33131</b></b> |  | 3. Mailing Address<br><b>P.O. Box 331844<br/>Suite, Apt. #, etc.<br/>City &amp; State<br/><b>Miami, FL</b><br/>Zip<br/><b>33233-1844</b></b> |  |
| Country<br><b>USA</b>                                                                                                                                                                                            |  | Country<br><b>USA</b>                                                                                                                        |  |

01252006 Chg-NP CR2E037 (11/05)

|                                                                                                                                                                               |  |                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number<br><b>65-0630460</b>                                                                                                                                            |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                               |  |                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><b>CFRA, LLC<br/>CORPORATE CENTER THREE AT INT'L PLAZA<br/>4221 W. BOY SCOUT BLVD, 10TH FLOOR<br/>TAMPA, FL 33607-5736</b> |  | 7. Name and Address of Now Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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

|                                                     |                                                                                                                        |                                                              |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                              |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LEVINE, PAULA<br>430 GRAND BAY DR., PH2-AS<br>KEY BISCAYNE, FL 33149    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/B<br>Karen Gottlieb<br>3700 Hibiscus St<br>Miami, FL 33133                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>IBARGUEN, SUSANA<br>THREE GROVE ISLE DR. APT. 202<br>MIAMI, FL 33133    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/B<br>JoAnne Bander<br>500 Alhambra Circle<br>Coral Gables, FL                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>LEONARD, MYRNA<br>12000 N BAYSHORE DR., #403<br>NORTH MIAMI, FL 33181  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/B<br>Barbara Garrett<br>301 Casuarina Concourse<br>Coral Gables, FL 33133    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>BLECHMAN, RACHEL<br>5250 SW 84TH ST.<br>MIAMI, FL 33143               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T/D<br>Melissa Doual<br>4765 SW 143 Ct<br>Miami, FL 33175                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GARRETT, BARBARA<br>301 CASUARINA CONCOURSE<br>CORAL GABLES, FL 33133   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <del>S/D</del><br>Judith Traum<br>55 S. Prospect Dr.<br>Coral Gables, FL 33133 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HARDING-JONES, PATRICIA<br>1717 N. BAYSHORE DR #1836<br>MIAMI, FL 33132 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Naomi Hong<br>2575 S. Bayshore Dr. #10 A<br>Miami, FL 33133               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:** Rachel Blechman, President/Director  
Rachel Blechman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/25/06 305/789-1708  
Daytime Phone #

# ATTACHMENT

60007770  
# N95000005985

Continuation of listing

Officers and Directors  
Fifty Over Fifty, Inc. (d/b/a Funding Arts Network  
2006

D  
Deborah Hoffman  
3525 South Bayshore Villas Dr.  
Miami, FL 33133

D  
Marsha Bilzin  
23314 N. bay Rd.  
Miami Beach, FL 33140

D  
Linda Binder  
4404 N. Bay Rd.  
Miami Beach, FL 33140

D  
Lee Taylor Damus  
8145 SW 53<sup>rd</sup> Ave.  
Miami, FL 33143

D  
Karen Weiner Escalera  
1581 Brickell Ave.  
Miami, FL 33129

D  
Jacqueline Fletcher  
3700 Island Blvd. #C303  
North Miami Beach, FL 33160

D  
Merle Frank  
8638 SW 94 St.  
Miami, FL 33156

D  
Diane Grob  
355 Ridgewood Rd.  
Key Biscayne, FL 33149

D  
The Honorable Shelley J. Kravitz  
Dade County Courthouse  
73 W. Flagler St. Rm 615  
Miami, FL 33130

D  
Isabel Leibowitz  
11410 N. Bayshore Dr.  
North Miami, FL 33181

D  
Jacqueline Leone  
5990 SW 129 Terr  
Miami, FL 33156

D  
Paula Levine  
430 Grand Bay Dr.  
Key Biscayne, FL 33149

D  
Bobbi Litt  
2800 Toledo St. #6  
Coral Gables, FL 33134 .

D  
Olga Melin  
1800 NW 114 St. #1709  
Miami, FL 33181

D  
Dale Moses  
1 Grove Isle Drive #1609  
Miami, FL 33133

# ATTACHMENT

6 000 7 7 7 0

#N9500000598

D

Beverly Parker  
422 Costanera Rd.  
Coral Gables, FL 33143

Catherine Schechter  
548 Grand Concourse  
Miami Shores, FL. 33138

D

Alexa Rossy  
900 Bay Dr. #927  
Miami, FL 33141

V

Laurie Davidson  
495 NE 91<sup>st</sup> Ave.  
Miami Shores, FL 33138

D

Amy Pollack  
3540 Avocado Ave.  
Miami, FL 33133

V

Louise Valdes- Fauli  
4155 Kiaora St.  
Miami, FL 33133