
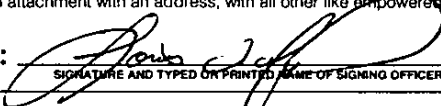


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90081 044 \*\*\*\*61.25

<b>DOCUMENT # N96000000702</b> 1. Entity Name <b>FRIENDS OF THE AUDUBON HOUSE, INC.</b>					
Principal Place of Business <b>9400 S DADELAND BLVD #100 MIAMI, FL 33156</b>			Mailing Address <b>9400 S DADELAND BLVD #100 MIAMI, FL 33156</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0646292</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RAATTAMA, HENRY H JR ONE SOUTHEAST THIRD AVENUE 28TH FLOOR MIAMI, FL 33131</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				<b>FL</b> Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFSON, LOUIS III		NAME		
STREET ADDRESS	9400 S DADELAND BLVD STE 100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASTY, DENISE		NAME		
STREET ADDRESS	9400 S DADELAND BLVD #100		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GREENWOOD, THOMAS		NAME	<b>Katia Hechemia</b>	
STREET ADDRESS	9400 S DADELAND BLVD #100		STREET ADDRESS	<b>9400 S Dadeland Blvd #100</b>	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	<b>MIAMI, FL 33156</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>4/12/05 305/854-1440</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		