

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 11, 2005  
Secretary of State**

DOCUMENT# N96000006512

Entity Name: SOUTH FLORIDA AFTER-SCHOOL ALL-STARS, INC.

**Current Principal Place of Business:**

2800 BISCAYNE BLVD.  
SUITE 530  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

2800 BISCAYNE BLVD.  
SUITE 530  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 65-0715767      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNOFSKY, JODIE  
2800 BISCAYNE BLVD.  
SUITE 530  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: DIAZ, RAUL J  
Address: C/O 3010 NW 17TH AVE  
City-St-Zip: MIAMI, FL 33142

Title: VCD      ( ) Delete  
Name: DUBOSE, SHERWOOD  
Address: C/O MAPP 19 W FLAGLER ST  
City-St-Zip: MIAMI, FL 33128

Title: PD      ( ) Delete  
Name: ADORNO, HENRY N  
Address: 2601 S BAYSHORE DR, STE. 1600  
City-St-Zip: MIAMI, FL

Title: SD      ( ) Delete  
Name: IRVINE, WILLIAM  
Address: 275 NW 2ND ST.  
City-St-Zip: MIAMI, FL 33128

Title: TD      ( ) Delete  
Name: IRVINE, WILLIAM  
Address: 275 NW 2ND ST  
City-St-Zip: MIAMI, FL 33128

Title: VCD      ( ) Delete  
Name: BEN, GILBERT J  
Address: 6990 NW 97TH AVENUE  
City-St-Zip: MIAMI, FL 33278

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODIE KNOFSKY

RA

04/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date