

Pursuant to Chapter 496, Florida Statutes, charitable solicitation organizations/sponsors must annually register with the Department of Agriculture, Division of Consumer Services, Room 208A Mayo Building, Tallahassee, Florida 32399-0800. Failure to do so may result in civil penalties.

IMPORTANT INSTRUCTIONS

FILED
Jan 29, 2007 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/06)

Principal Place of Business 18051 BISCAYNE BLVD. SUITE 802 AVENTURA FL 33160 US		Mailing Address 18051 BISCAYNE BLVD. SUITE 802 AVENTURA FL 33160 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0745564		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DONOFF, CRAIG 18305 BISCAYNE BLVD. SUITE 300 AVENTURA FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TSD GREENBERG, LOUIS 18051 BISCAYNE BLVD., SUITE 802 AVENTURA FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 000000607476 01/31/07-00038-020 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ARONSTAM, ELLIOTT 60 E 9TH ST., SUITE 643 NEW YORK NY 10003 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GREENBERG, MARK 1714 CEDAR ST SANTA MONICA CA 90405 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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 exemptions contained in Section 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: Louis Greenberg LOUIS GREENBERG 1/29/07 305-922-7164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone