## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N97000002977 1. Entity Name



5, FL 33319	3. Mailing Address						
Business - No P.O. Box #							
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.  City & State					
	Business - No P.O. Box #	Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.  City & State	Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.  City & State				

**FILED** Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90021 013 \*\*\*\*61.25

INC.										
Principal Place of Business C/O PHOENIX MANAGEMENT SERVICE 4800 N STATE RD 7 F105 LAUDERDALE LAKES, FL 33319  Mailing Address C/O PHOENIX MANAGEMENT 4800 N STATE RD 7 F105 LAUDERDALE LAKES, FL 33319			5		- <u> </u>					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.			01112008 <sub>Ct</sub>	ng-NP	CR2E037	(12/06)	
City & State City			ity & State			4. FEI Number Applied For 65-0812481 Not Applicable				
Zip	Country	Zip		Country		5. Certificate of St	atus Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered A	gent			7. Name and Add	ress of New R	egistered Ag	jent	
KATZMAN	8 KODD DA	,		Name						
KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202			Street A	Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE, FL 33309			City	City FL Zip Code						
0 Th 1		4					15 - Ot-t/ TI-			
	named entity submits this statement for ions of registered agent.	tne purpose	or changing its reg	gistered office bi	registeri	ed agent, or both, in	the State of Fio	noa.iamia	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicab	le. (NOTE: Re	egistered Agent signat	ure required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees		ake check   ida Departn		
10.	OFFICERS AND DIF	RECTORS		11.	-	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATRICK, ARNIE 852 NW 130 AVE PEMBROKE PINES, FL 33028		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TIFLE	PD		Details	TITLE	PD				Change	☐ Addition
NAME STREET ADDRESS	SCHWARTZ, JONATHAN 13244 NW 9HT CT			NAME STREET ADDRESS		ndall, Ba	rbara	•		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028			CITY - ST - ZIP	1211	4 NW 2 CT	دي <del>ا</del> ا	23028	,	
TITLE NAMF STREET ADDRESS	SD RAUCH, LISA 318 NW 133 AVE		☐ Delete	TITLE NAME STREET ADDRESS	-I-E-W				□ Change	Addition
CITY-ST-ZIP	PEMBROKE PINES, FL 33028			CITY-ST-ZIP						
TITLE NAME	TD PULCI, CHARLENE		☐ Delete	. TITLE NAME				ĺ	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	948 NW 133 AVE PEMBROKE PINES, FL 33028			STREET ADDRESS CITY-ST-ZIP						
TITLE	D		☐ Delele	lifle					☐ Change	Addition
NAME	WEISBERG, JAY		T Develo	NAME				ļ		
STREET ADDRESS	863 NW 131ST AVE			STREET ADDRESS						}
CITY-ST-ZIP	PEMBROKE PINES, FL 33028			CITY-ST-ZIP						
HITLE NAME			Delete	TITLE NAME					☐ Change	Addition .
STREET ADDRESS CITY - ZIP				STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	true and acc	urate and that my	signature shall h	ave the s	in Chapter 119, Flor same legal effect as	if made under o	oath; that I an	n an officer	or director