


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90021 038 \*\*\*\*70.00

<b>DOCUMENT # N97000005702</b>					
<b>1. Entity Name</b> ACCESS NOW, INC.					
<b>Principal Place of Business</b> 19333 W. COUNTRY CLUB DR #1522 AVENTURA, FL 33180 US			<b>Mailing Address</b> 19333 W. COUNTRY CLUB DR #1522 AVENTURA, FL 33180 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-NP CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 65-0813823	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  MARKO, DAVID E ESQ. 3001 SW THIRD AVE MIAMI, FL 33129				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PT <b>NAME</b> RESNICK, PHYLLIS <b>STREET ADDRESS</b> 19333 W. COUNTRY CLUB DR., 1522 <b>CITY-ST-ZIP</b> AVENTURA, FL 33180	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 1VPD <b>NAME</b> DUMAS, MARIA <b>STREET ADDRESS</b> 1145 HARRISON STREET <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VPDT <b>NAME</b> ABRAMS, MICHAEL <b>STREET ADDRESS</b> 2611 PARKVIEW DR., APT. 2611 <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> SD <b>NAME</b> BUIE, MERRY <b>STREET ADDRESS</b> 72611 SW 120TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> BLOOM, MICHAALA <b>STREET ADDRESS</b> 1522 SAN IGNACIO STE. 4 <b>CITY-ST-ZIP</b> CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> BLOOM, MARIANN <b>STREET ADDRESS</b> 19333 W. COUNTRY CLUB DR. #123 <b>CITY-ST-ZIP</b> AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> SPEIJERS, MICHAALA <b>STREET ADDRESS</b> 1522 SAN IGNACIO STE. 4 <b>CITY-ST-ZIP</b> CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE</b> <u>Phyllis F. Resnick</u> <b>PHYLLIS F. RESNICK</b> <u>1/19/08</u> <u>305-725-0259</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

SEE A ATTACHED PAGE

.1.

ADDITIONAL DIRECTORS

ESTELLE MICHELSON - D  
6035 S.W. 64<sup>th</sup> RD. ATTACHMENT  
S. MIAMI, FL 33143

LINDA DIEDEL - D  
720 S.W. 24<sup>th</sup> RD. 40004687  
MIAMI, FL 33129 #J97000005102