

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED

2008 JUN 23 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06042008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0796967 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES J.  
3909 N.E. 163RD STREET  
NORTH MIAMI, FL 33160

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1313 NW 167th Street  
City Miami Gardens FL Zip Code 33169

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

*Charles J. Grimsley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/08

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIMSLEY, CHARLES J	
STREET ADDRESS	3909 NE 163RD STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCATURRO, J	
STREET ADDRESS	6691 NNOB HILL ROAD	
CITY-ST-ZIP	TAMARAC, FL 33325	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NAON, ALBERTO	
STREET ADDRESS	3155 N.W. 77TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1313 NW 167th Street	
CITY-ST-ZIP	Miami Gardens, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700132206067	
CITY-ST-ZIP	07/03/08--01007--007 **70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jimmy * Whited	
STREET ADDRESS	7295 Corporate Center Dr. #200	
CITY-ST-ZIP	Miami, FL 33136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

*Charles J. Grimsley* CHARLES J. GRIMSLEY 6/16/08 305-799-4687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #