

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90021 012 ****61.25

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06302005 Chg-NP CR2E037 (10/03)

DOCUMENT # N97000006228 1. Entity Name JUNIOR COTILLION OF GREATER MIAMI, INC.					
Principal Place of Business 39 PALM AVENUE MIAMI BEACH, FL 33139 US			Mailing Address 39 PALM AVENUE MIAMI BEACH, FL 33139 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 65-0757432 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent NESTOR CASTELLANO, BRENDA 39 PALM AVENUEW MIAMI BEACH, FL 33139		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete NESTOR CTELLANO, BRENDA 39 PALM AVENUE MIAMI BEACH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete QUINTERO, NORMA 4821 PINE TREE DRIVE MIAMI BEACH, FL 33314				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete GARCIA, ODAYS 11414 N. BAYSHORE DRIVE MIAMI, FL 33181				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete FLOOD, TAMME 928 NW 9TH COURT MIAMI, FL 33136				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-Asst. <input type="checkbox"/> Delete BATCHELOR, NANCY 5451 PINE TREE DRIVE MIAMI BEACH, FL 33140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JONTIFF, JEANNIE M 540 NE 53 STREET MIAMI, FL 33137				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NICOLE LOZANO 830 LAKEVIEW DRIVE MIAMI BEACH, FL 33140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACQUELINE POLIAKOFF 8950 ARVIDA DRIVE CORAL GABLES, FL 33156				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 6/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					