


2005
2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N98000002430					
1. Entity Name ADVERTISING FEDERATION OF GREATER MIAMI SCHOLARSHIP FOUNDATION, INC.					
Principal Place of Business 17094 COLLINS AVENUE #509 SUNNY ISLES BEACH, FL 33180			Mailing Address 17094 COLLINS AVENUE #509 SUNNY ISLES BEACH, FL 33180		
2. Principal Place of Business POLLER & JORDAN ADVERTISING Suite, Apt. #, etc. 8205 SW 30 TERRACE City & State Miami, FL Zip 33122 Country USA		3. Mailing Address POLLER & JORDAN ADVERTISING Suite, Apt. #, etc. 8205 SW 30 TERRACE City & State Miami, FL Zip 33122 Country USA		12132004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0832745				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICE, ROSE 17094 COLLINS AVE #509A SUNNY ISLES BEACH, FL 33160			7. Name and Address of New Registered Agent Name RICK DEL VECCHIO Street Address (P.O. Box Number is Not Acceptable) POLLER & JORDAN ADVERTISING 8205 SW 30 TERRACE City Miami FL Zip Code 33122		
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: <u>Richard Del Vecchio</u> (Richard DEL Vecchio) 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IZARD, MARK 524 GIRALDO AVENUE CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000054222820 05/10/05--01078--012 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMILAR, WENDY 2601 NOC-A-TREE DRIVE COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRIER, BILL 520 BRICKELL KEY DR BH 45 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RICK DEL VECCHIO 8205 SW 30 TERRACE MIAMI, FL 33122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, ROSE 17094 COLLINS AVENUE #509A SUNNY ISLES BEACH, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMILAR, WENDY 2601 NOC-A-TEE DR MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBERT, SUSAN #1 GROVE ISLE DRIVE #307 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 lists empowered.					
SIGNATURE: <u>Richard Del Vecchio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/24/05 305-443-0010 <small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

