## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 21, 2008 8:00 am Secretary of State 04-21-2008 90041 049 \*\*\*\*61.50

## DOCUMENT # N98000002684

1. Entity Name

SIGNATURE: SIGNATURE AND TYPED OR



Principal Place of Business 12057 SM 15TH STRET  PEMBROKE PINES, FL 33025  PEMBROKE PINES, FL 33025  PEMBROKE PINES, FL 33026  PEMBROKE PINES, FL 33026  2. Principal Place of Business - No P'O. Box #
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O3302008 Chg-NP CR2E037 (12/06)  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 Signature, types or primed rame of registered agent and title if applicable.  Signature, types or primed rame of registered agent and title if applicable.  (NOTE: Registered Agent signature required when relinsating)  Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  Addition Signature, types or primed rame of registered agent of title if applicable.  Signature, types or primed rame of registered agent and title if applicable.  Signature, types or primed rame of registered agent and title if applicable.  Signature, types or primed rame of registered agent and title if applicable.  (NOTE: Registered Agent signature required when relinsating)  Make check payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  Make SIREET ADDRESS CITY-ST-2P MIAMM, FL 33162  The addition of the purpose of Change Addition  Make SIREET ADDRESS CITY-ST-2P MIAMM, FL 33162  The addition of the purpose of City Agent signature required when relinsating)  City FL  Addition of the purpose of the purpose of City Agent signature required when relinsating)  Addition of the purpose of the purp
City & State  A. FEI Number 65-0844150  Separate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. 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  Signature Place or printed name of registered agent and title if supplicable.  Filling Fee is \$61.25  Due by May 1, 2008  PElection Campaign Financing Trust Fund Contribution.  Defice Signature required when reinstating)  ATE  Make check payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INLE NAME BELLABE, MARIE T B SIRET ADDRESS CITY-S1-ZIP MAME IRLANDE, COLE SIRET ADDRESS SIRET ADRESS SIRET ADDRESS SIRET ADRESS SIRET ADRESS SIRET ADRESS SIRET ADRESS SIRET ADRESS
Signature   Sign
Signature: types or printed riams of registered agent.    Country   Signature: types or printed riams of registered agent and side of applicable.
6. Name and Address of Current Registered Agent  BELLABE, MARIE T BURTAIX 12057 SW 15TH ST PEMBROKE PINES, FL 33026  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  Signature, speed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  Filling Fee is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  35.00 May Be Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME BELLABE, MARIE T B SIREET ADDRESS CITY-ST-2P PEMBROKE PINES, FL 33026  TITLE NAME IRLANDE, COLE SIREET ADDRESS T31 NE 161 ST CITY-ST-2P MIAMI, FL 33162  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL 33162  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL 33162  TITLE NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL 33162  TITLE NAME SIREET ADDRESS CITY-ST-2P  MIAMI, FL 33162
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Street Address (P.O. Box Number is Not Acceptable)    City
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signature. Proper or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Filling Fee is \$61.25  Due by May 1, 2008  Pube by May 1, 2008  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DT  Delete  TITLE  DT  MAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33162  CITY-ST-ZIP  MIAMI, FL 33162
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signature. Noted or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DT Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  MIAMI, FL 33162  TOTAL DELETE ADDRESS CITY-ST-ZIP  MIAMI, FL 33162
the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)  Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE D Delete TITLE NAME  STREET ADDRESS 10405 NW 7TH STREET STREET STREET ADDRESS CITY-ST-ZIP  TITLE DT Delete TITLE NAME  STREET ADDRESS 731 NE 161 ST  GITY-ST-ZIP MIAMI, FL 33162  CITY-ST-ZIP MIAMI, FL 33162  TITY-ST-ZIP MIAMI, FL 33162
Filing Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND DIRECTORS FIRET ADDRESS CITY-ST-ZIP FIRET ADDRESS CITY-ST-ZIP FIRET ADDRESS CITY-ST-ZIP MIAMI, FL 33162  P. Election Campaign Financing Trust Fund Contribution.  (NOTE: Registered Agent signature required when reinstating)  Make check payable to Florida Department of State  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  NAME  STREET ADDRESS CITY-ST-ZIP  MIAMI, FL 33162  CITY-ST-ZIP  MIAMI, FL 33162
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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 containing or the required to the energy of the true and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the containing or the required to the energy of t