

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90107 021 ****61.25

14016430



DOCUMENT # N98000003637 1. Entity Name NATIONAL CONSUMER RESOURCE CENTER, INC.					
Principal Place of Business 3700 COCONUT CREEK PKWY COCONUT CREEK, FL 33066			Mailing Address 3700 COCONUT CREEK PKWY COCONUT CREEK, FL 33066		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0847203	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUBINO, STEPHEN 3700 COCONUT CREEK PKWY COCONUT CREEK, FL 33066				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small>					
Filing Fee is \$61.25 Due by May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBINO, STEPHEN		NAME		
STREET ADDRESS	3700 COCONUT CREEK PKWY		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, WANDA		NAME	WANDA FELICIANO	
STREET ADDRESS	5060 SW 64TH AVE		STREET ADDRESS	2452 SW 106TH AVE	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUIR, MURIEL		NAME		
STREET ADDRESS	3504 NW 116TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWE, JASON		NAME		
STREET ADDRESS	10924 NW 1ST MANOR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ERNAMI VERLUNGHERI	
STREET ADDRESS			STREET ADDRESS	2780 NE 21ST TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	LIGHTHOUSE PT, FL 33064	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BRETT MILLER	
STREET ADDRESS			STREET ADDRESS	PO BOX 970123	
CITY-ST-ZIP			CITY-ST-ZIP	COCONUT CREEK, FL 33066	
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: _____			4-28-05 954-956-8868		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		