


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90022 045 \*\*\*\*70.00

<b>DOCUMENT # N98000005726</b>		
1. Entity Name <b>LEGAL AND PUBLIC AFFAIRS SUPPORT FOUNDATION, INC.</b>		

Principal Place of Business <b>10040 SW 143 ST MIAMI, FL 33176 US</b>	Mailing Address <b>10040 SW 143 ST MIAMI, FL 33176 US</b>
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2. Principal Place of Business - No P.O. Box # <b>10101 SW 152 Street</b>	3. Mailing Address <b>18520 SW 127 Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02122008 Chg-NP CR2E037 (12/06)

City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>	4. FEI Number <b>65-0868539</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33157</b>	Country <b>USA</b>	Zip <b>33177</b>	Country <b>USA</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent <b>COHEN, MONA 10040 SW 143 ST MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent Name <b>Karen Bzdyk</b> Street Address (P.O. Box Number is Not Acceptable) <b>18520 SW 127 Court</b> City <b>Miami</b> FL Zip Code <b>33177</b>	
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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 *Karen Bzdyk* DATE 2/12/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COHEN, MONA 10040 SW 143 ST MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sharon Montaner 14052 SW 153 <sup>rd</sup> Terrace Miami Florida 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIEGO, JENNIFER 18701 SW 94 AVE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Cristina Cabrera 13224 SW 13 <sup>th</sup> Street Miami Florida 33184	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DIEGO, JEFFREY 18701 SW 94 AVE MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Vivian Poulos 8780 SW 176 Street Miami Florida 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, ADRIANA 10101 SW 152 STREET MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Karen Bzdyk 18520 SW 127 Court Miami Florida 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 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: *Karen Bzdyk Secretary* DATE 2/12/08 DAYTIME PHONE # 305 442 7273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR