

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90046 002 ****61.25

DOCUMENT # N98000007302

1. Entity Name

**STARTING EVEN - NO BENEFICIARY INVESTMENT
FUND, INC.**



Principal Place of Business

**5100 W COMMERCIAL BLVD.
TAMARAC FL 33319**

Mailing Address

**5100 W COMMERCIAL BLVD.
TAMARAC FL 33319**

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

65-0892604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORCHIN, DAVID CPA
8211 WEST BROWARD BLVD
SUITE 200
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

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

TITLE PD ☐ Delete
NAME FINI, FRANK
STREET ADDRESS 5100 W COMMERCIAL BLVD.
CITY-ST-ZIP TAMARAC FL 33319

TITLE VPD ☒ Delete
NAME CORBO, ANGELO
STREET ADDRESS 630 NW 79TH AVE
CITY-ST-ZIP MARGATE FL 33063

TITLE TD ☐ Delete
NAME TORCHIN, DAVID CPA
STREET ADDRESS 8211 W BROWARD BLVD
CITY-ST-ZIP PLANTATION FL 33324

TITLE SD ☐ Delete
NAME FINI, CAROL
STREET ADDRESS 5100 W COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC FL 33319

TITLE T ☐ Delete
NAME COLOSIMO, JOSEPH
STREET ADDRESS 22469 MIDDLETON DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank Fini* **FRANK FINI** 2-1-06 954-672-0747