


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-14-2008 90015 039 \*\*\*\*61.25

<b>DOCUMENT # N98000007302</b> 1. Entity Name <b>STARTING EVEN - NO BENEFICIARY INVESTMENT FUND, INC.</b>					
Principal Place of Business <b>7956 EXETER BLD W TAMARAC FL 33321</b>		Mailing Address <b>7956 EXETER BLD W TAMARAC FL 33321</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0892604</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TORCHIN, DAVID CPA 8211 WEST BROWARD BLVD SUITE 200 PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent Name <b>TORCHIN DAVID CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5531 N. UNIVERSITY DR. SUITE 103</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33067</b>	
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 <i>Frank Fini</i> (NOTE: Registered Agent signature required when reappointing) DATE					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINI, FRANK 5100 W COMMERCIAL BLVD. TAMARAC FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINI FRANK 7956 EXETER BLVD.W. TAMARAC, FL. 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORCHIN, DAVID CPA 8211 W BROWARD BLVD PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO TORCHIN, DAVID CPA 5531 N. UNIVERSITY DR. SUITE 103 CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINI, CAROL 5100 W COMMERCIAL BLVD TAMARAC FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINI CAROL 7956 EXETER BLVD.W. TAMARAC, FL. 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLOSIMO, JOSEPH 22469 MIDDLETON DR BOCA RATON FL 33428	<input checked="" 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
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 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: <i>Frank Fini</i> <b>FRANK FINI</b> <b>2-3-08</b> <b>954-485-7660</b>					