
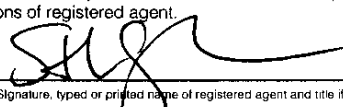


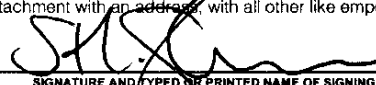
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90037 036 ****61.25

DOCUMENT # N99000001059 1. Entity Name CENTRAL BEACH ALLIANCE OF FORT LAUDERDALE, INC.																									
Principal Place of Business 1901 N. OCEAN BLVD 10-6 FORT LAUDERDALE, FL 33305 US		Mailing Address 1901 N. OCEAN BLVD 10-6 FORT LAUDERDALE, FL 33305 US																							
2. Principal Place of Business - No P.O. Box # 1901 N. Ocean Blvd Suite, Apt. #, etc. APT. 10-C		3. Mailing Address 1901 N. Ocean Blvd. Suite, Apt. #, etc. APT. 10-C																							
City & State Fort Lauderdale, FL Zip 33305 Country USA		City & State Fort Lauderdale, FL Zip 33305 Country USA																							
4. FEI Number 65-0904360		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent GLASSMAN, STEVEN 1901 N OCEAN BLVD, APT 10-6 FORT LAUDERDALE, FL 33305		7. Name and Address of New Registered Agent Name Glassman, Steven Street Address (P.O. Box Number is Not Acceptable) 1901 N. Ocean Blvd, APT. 10-C City Fort Lauderdale FL Zip Code 33305																							
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 1-9-08 <small>DATE</small> </div> </div>																									
Filing Fee is \$61.25 Due by May 1, 2008		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																							
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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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08
Date

954-790-4199
Daytime Phone #