2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000001445

1. Entity Name



FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90199 001 ****61.25

2365 ASS	SOCIATION, INC.							
Principal Place of Business 2365 S.W. 34 STREET, BAY 2 DANIA, FL 33312		Mailing Address 1470 S.W. 19 AVENUE FORT LAUDERDALE, FL 33312		60002000				
				183 8 8 18 18 18				
2. Principal Place of Business - No P.O. Box # 2365 SW 34 STREET BAY3		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072007 Chg	-NP CR2E03	37 (12/06)		
DANIA, FL 5		City & State		4. FEI Number 65-0934725			oplied For	
3331	Country	Zip	Country	5. Certificate of Statu		\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		7. Name and Addres	s of New Registered	Agent		
MCCLAIN, GARY			Name	Name				
1470 S.W. 19TH AVENUE FORT LAUDERDALE, FL 33312			Street Addres	s (P.O. Box Number is No	Acceptable)			
			City		FL	Zip Cod	е	
the obligat	named entity submits this statement for tions of registered agent.		is registered office of regis	stered agent, or both, in the	a State of Florida. Tam	amiliar with,	and accept	
	Signature, typed or printed name of registered agent an	d tille if applicable. (NO	OTE. Registered Agent signature requ	ared when rainstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2007		ampaign Financing I Contribution.	\$5.00 May Be Added to Fees	Make check Florida Depar			
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	l 10	
TITLE	P . ZEMACH, AMIT	Delete	TITLE	10 0 mi 11 11 11 11 11 11 11 11 11 11 11 11 11	AM	Change	Addition	
NAME STREET ADDRESS	1		NAME 3/A STREET ADDRESS 2 2	15 511 24 57	PEAT BAY	3		
CITY-ST-ZIP	DANIA, FL 33312		CITY-ST-ZIP	ANIA FL	33312	_		
TITLE	VT	Delete	TITLE VP DI	ARROW, WILLI 45 SW 3451 ANIA, FL ANE R HAN	COCK	☐ Change	Addition	
NAME	BARROW, WILLIAM		NAME a 2	65 SW 345	TREET BAY	16	_	
STREET ADDRESS CITY-ST-ZIP	1					•		
TITLE	DAMA, 1 E 300 12	☐ Deleie	TITLE	NIA, FL 3	3312	☐ Change	CD Addition	
NAME		L Delete	- NAME				Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-ST-ZIP			CITY-ST-ZIP				:	
TITLE		☐ Delcte	TITLE	A.		☐ Change	☐ Addition	
NAME			NAME			· ·		
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP					
 	Lertify that the information supplied with the	nis filing does not qualify:		ad in Chapter 110. Florida	Plotuine 14 miles of the	6 the na at 1	4	
indicated of the cor	on this report or supplemental report is to poration or the receiver or trustee empowers on an attachment with an address, with an address of the address of	rue and accurate and that rered to execute this repo	t my signature shall have th irt as required by Chapter 6	sa cama lagal offact on if m	ada uadar asibi ibai la			

SIGNATURE: