## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000002725

Entity Name: B CARLIN FOUNDATION, INC.

T FILED
Oct 19, 2007
Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

2 CASUARINA CONCOURSE CORAL GABLES, FL 33143 2800 PONCE DE LEON BOULEVARD

SUITE 1125

CORAL GABLES, FL 33134

**Current Mailing Address:** 

New Mailing Address:

2 CASUARINA CONCOURSE CORAL GABLES, FL 33143 2800 PONCE DE LEON BOULEVARD

**SUITE 1125** 

CORAL GABLES, FL 33134

FEI Number: 65-0923706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131 US BREIER, ROBERT G ESQ 2800 PONCE DE LEON BO

2800 PONCE DE LEON BOULEVARD

SUITE 1125

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33134 US

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.

SIGNATURE: ROBERT G. BREIER

10/19/2007

Electronic Signature of Registered Agent

Date

(X) Change ( ) Addition

2800 PONCE DE LEON BOULEVARD, 1125

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Name: CARLIN, B. LANDON

Name: CARLIN, B. LANDON
Address: 2 CASUARINA CONCOURSE

City-St-Zip: MIAMI, FL 33143

Title: VPD (X) Change ( ) Addition

CORAL GABLES, FL 33134

CARLIN, DONALD

Title: STD () Delete Name: LANDON, CHRIS

Name: LANDON, CHRIS
URSE Address: 2800 PONCE DE LEON BOULEVARD. 1125

Address: 2 CASUARINA CONCOURSE

CORAL GABLES, FL 33143

City-St-Zip: CORAL GABLES, FL 33134

City-St-Zip: MIAMI, FL 33143

City-St-Zip:

Title: D ( ) Delete Name: DONALD, CARLIN Title: STD (X) Change ( ) Addition Name: BREIER, ROBERT G

Address: 2 CASUARINA CONCOURSE

Address: 2800 PONCE DE LEON BOULEVARD, 1125

City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. BREIER STD

10/19/2007