

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000002981

1. Entity Name
COMMUNITIES UNITED, INC.



Principal Place of Business
**5510 NW 1ST AVE
MIAMI, FL 33127**

Mailing Address
**5510 NW 1ST AVE
MIAMI, FL 33127**



03242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0916485 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | Not Applicable <input type="checkbox"/> |

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIS, HATTIE
5510 NW 1ST AVE
MIAMI, FL 33127**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, BRANDY 5510 NW 1ST AVE MIAMI, FL 33127 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT DERRICK, WILLIAMS 7500 NW 4 AVE. MIAMI, FL 33137 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CHARLES, CHANNEL 244 NE 58 TERRS MIAMI, FL 33137 |
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U00000690514
04/11/07-80077-053 61.25

U00000690514
04/11/07-80077-054 8.75

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IN THIS SPACE**

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

3/22/2007

Date

Daytime Phone #