2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # N99000003941 04-28-2005 90180 020 ****70.00 79TH STREET CORRIDOR NEIGHBORHOOD INITIATIVE. Principal Place of Business Mailing Address 8500 NW 25TH AVE. 8500 NW 25TH AVE. MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, JOHN 3000 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 500 MIAMI, FL 33137 Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition GROSS, OLIVER NAME NAME STREET ADDRESS 8500 NW 25TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP TITLE **X** Delete TITLE irector M Change ■ Addition CHAVEZ, JOSEPH NAME Arden Shank 181 N.E 82nd Street NAME STREET ADDRESS 7815 NW 148TH ST STREET ADDRESS Miami Fl. 33181 Director CITY-ST-7IP MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE Delete TITLE 🖬 Change ☐ Addition Lillie Williams VICKERS, MILTON NAME NAME STREET ADDRESS 141 NE 3RD AVE, STE 500 STREET ADDRESS 105 SE 12+4 AVE CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP Homestead, FL. 33030 TITLE Delete TITLE □ Change ☐ Addition CRESPO, HENRY NAME NAME STREET ADDRESS 8500 NW 25TH AVE STREET ADDRESS MIAMI, FL 33147 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and acquiate 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 attadment with an eddress, with an oddress, with an odd

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #