## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P04000114951 02-10-2006 90015 045 \*\*\*150.00 1. Entity Name UNIT 822 LA CABANA CORP. Principal Place of Business Mailing Address 901 PONCE DE LEON BOULEVARD 901 PONCE DE LEON BOULEVARD 60013680 **SUITE 603** SUITE 603 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 CR2E034 (11/05) 4. FEI Number 20 - 1498285 City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBORNOZ, WILLIAM H ESQ. Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BOULEVARD SUITE 603 CORAL GABLES, FL 33134 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 (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete TITLE NAME AULAR, ROSA M MAME C/O 901 PONCE DE LEON BLVD. #603 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 607, 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Defete

☐ Delete

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7P

CITY-ST-ZIP

12406

FILED Feb 10, 2006 8:00 am

305 - 444741

☐ Change

☐ Change

■ Addition

☐ Addition

ALIACHMENI

2006 NON-FOR profit corporation report (Supplemental)

## VETERANS MEMORIAL CENTER, INC

D
Beninate, Nicholas
3190 N Atlantic Ave
Saturn Condo # 114
Cocoa Beach, FL. 32931

Howard, John D 1720 Shelter Trail Merritt Island, FL. 32952

D Gilder, Forest D 1490 Bedford Ct , South Merritt Island, FL 32952

D Tillery, Charles 1450 Fiddler Ave Merritt Island, FL 32953

D McGavin, Lloyd E (delete) 1791 Bayshore Cocoa Beach, FL 32931

Additions:

D Berman, Seymour 207 Rose Dr Cocoa Beach, FL 32931 D Kunze, Frank 390 Myrtlewood Rd Melbourne,FL 32940

D Furbish, R. Tyler 3201 Nothingham LN Cocoa, FL 32926

Additions

Geo T.Stringfellow 4826 Cathedral Way Titusville,FL 32780