

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162007 Chg-NP CR2E037 (12/06)

FBI Number 11-2106778 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RAYMOND V
180 N.E. 128 TERRACE
MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHWAB, GILBERT	
STREET ADDRESS	31 STAUBER DRIVE	
CITY-ST-ZIP	PLAINVIEW, NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREEN, HENRY	
STREET ADDRESS	1010 WOODOAK DR.	
CITY-ST-ZIP	BALDWIN HARBOR, NY 11510	
TITLE	P	<input type="checkbox"/> Delete
NAME	PASQUA, ANTHONY	
STREET ADDRESS	87 BUTLER HILL RD	
CITY-ST-ZIP	SOMERS, NY 10589	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WEINBERG, ALLAN D	
STREET ADDRESS	108 LAKE SHORE DRIVE MARINA TOWERS #440	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	REGINA, WILLIAM	
STREET ADDRESS	994 MARCEL ROAD	
CITY-ST-ZIP	BALDWIN, NY 11510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500104424525	
CITY-ST-ZIP	06/15/07--01021--021 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

Date

Daytime Phone #