

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2005  
Secretary of State**

DOCUMENT# N01000000520

Entity Name: ALONZO MOURNING CHARITIES, INC.

**Current Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
SUITE M-103  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330110  
COCONUT GROVE, FL 33233

**New Mailing Address:**

FEI Number: 65-1075983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAMENESH, PETER Z  
3225 AVIATION AVENUE, SEVENTH FLOOR  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

KAMENESH, PETER Z  
2601 S. BAYSHORE DR.  
SUITE 1401  
COCONUT GROVE, FL 33133 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: \_\_\_\_\_ Date: 04/22/2005  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOURNING, ALONZO  
Address: 2665 S. BAYSHORE DRIVE, SUITE M-103  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VPD ( ) Delete  
Name: FURST, ALLEN  
Address: 2665 S. BAYSHORE DRIVE, SUITE M-103  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD ( ) Delete  
Name: KAMENESH, PETER Z  
Address: 3225 AVIATION AVENUE, SEVENTH FLOOR  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: KAMENESH, PETER Z  
Address: 2601 S. BAYSHORE DRIVE, SUITE 1401  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLEN S. FURST      VPD      04/22/2005  
Electronic Signature of Signing Officer or Director      Date