

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010484

FILED
May 01, 2009
Secretary of State

Entity Name: HAVE IT YOUR WAY FOUNDATION, INC.

Current Principal Place of Business:

5505 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

5505 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 06-1765327 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHWAT, ANNE
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: LEVITE, ROBERT
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: RAMIREZ, JULIO
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: SCHUSTER, TODD
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: SD () Delete
Name: SORACI, JOSEPH
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: LEWISS, STEVE
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: AS (X) Change () Addition
Name: GILES, LISA
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA GILES-KLEIN

AS

05/01/2009

Electronic Signature of Signing Officer or Director

Date