

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90129 014 \*\*\*\*70.00

**DOCUMENT # 743454**

1. Entity Name

ANTHONY R. ABRAHAM FOUNDATION, INC.



Principal Place of Business

6600 S.W. 57 AVENUE  
MIAMI FL 33143

Mailing Address

6600 S.W. 57 AVENUE  
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1837290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRYER, WARREN  
6600 SW 57TH AVE  
MIAMI FL 33143

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 PD ☐ Delete  
NAME ABRAHAM, ANTHONY R  
STREET ADDRESS 727 SOUTH ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE SD ☐ Delete  
NAME ABRAHAM, THOMAS G  
STREET ADDRESS 155 SOLANO PRADO  
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE DVP ☐ Delete  
NAME SHAKER, ANTHONY  
STREET ADDRESS 1118 N. KENILWORTH AVENUE  
CITY-ST-ZIP OAK PARK IL

TITLE D ☐ Delete  
NAME MALOUF, THOMAS H  
STREET ADDRESS 3115 MOSS VALE LANE  
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ Delete  
NAME ABRAHAM, NORMA JEAN  
STREET ADDRESS 4891 SW 76TH ST  
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ Delete  
NAME HADDAD, WILLIAM  
STREET ADDRESS 146 BARTRAM  
CITY-ST-ZIP RIVERSIDE IL 60546

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME JOSEPH SHAKER  
STREET ADDRESS 1313 JACKSON AVE.  
CITY-ST-ZIP OAK PARK, IL 60302

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: *Anthony Abraham*  
ANTHONY ABRAHAM

**MARCH 22, 2006**

Date

Daytime Phone #