


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 744061 1. Entity Name THE CHILDREN'S GENETIC DISEASE FOUNDATION OF FLORIDA, INC.	
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Principal Place of Business % MICHAEL GOLDBERG, P.A. 16855 N.E. 2ND AVE. NORTH MIAMI BEACH, FL 33162	Mailing Address % MICHAEL GOLDBERG, P.A. 16855 N.E. 2ND AVE. NORTH MIAMI BEACH, FL 33162
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01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1908974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, MICHAEL, CPA  
1685 N.E. 2ND AVE.  
SUITE 303  
N. MIAMI BCH, FL 33162

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KLUCK, CHARLES M. 530 GRAND CONCOURSE MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREEN, AL 330 N.W. 125TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GOLDBERG, MICHAEL 16855 N.W. 2ND AVE. STE. 303 N.MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDD LEWIN, SHAROL 6700 NW 186 ST., #121 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000009162  
01/20/04-80094-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael Goldberg Date: 1/9/04 Daytime Phone #: 305-657-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR