


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 744061

1. Entity Name
THE CHILDREN'S GENETIC DISEASE FOUNDATION OF FLORIDA, INC.



Principal Place of Business Mailing Address

% MICHAEL GOLDBERG, P.A.
16855 N.E. 2ND AVE.
NORTH MIAMI BEACH, FL 33162

% MICHAEL GOLDBERG, P.A.
16855 N.E. 2ND AVE.
NORTH MIAMI BEACH, FL 33162



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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1908974 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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	

04/08/05-80069-023 61.25

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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: *[Handwritten Signature]* Date: **3/31/05** Daytime Phone #: **305-651-0407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR