

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-08-2006 90191 045 ****70.00

DOCUMENT # 755735

1. Entity Name
THOMSEN FOUNDATION, INC.



Principal Place of Business
**701 E. COMMERCIAL BLVD.
STE. 300
FORT LAUDERDALE, FL 33334**

Mailing Address
**701 E. COMMERCIAL BLVD.
STE. 300
FORT LAUDERDALE, FL 33334**



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2070983

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMSEN, FRANCES D.
701 E COMMERCIAL BLVD
#300
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2/24/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**PTD
THOMSEN, CARL J
701 E COMMERCIAL BLVD, #300
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
THOMSEN, FRANCES
701 E COMMERCIAL BLVD, #300
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
DAVIS, SUSAN
701 E COMMERCIAL BLVD., #300
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
VILLANUEVA, JOSE
701 E COMMERCIAL BLVD., #300
FORT LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL THOMSEN 3/20/06

954-776-6323

Daytime Phone



ATTACHMENT
-66006470

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

THOMSEN FOUNDATION, INC.
701 E. COMMERCIAL BLVD.
STE. 300
FORT LAUDERDALE, FL 33334

Subject: THOMSEN FOUNDATION, INC.

Reference Number:

755735

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION