


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000005785 1. Entity Name LA ROMANA EMERGENCY RELIEF FUND, INC.	
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Principal Place of Business 5900 NORTH ANDREWS AVE., STE 1000 FORT LAUDERDALE, FL 33309	Mailing Address 5900 NORTH ANDREWS AVE., STE 1000 FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0867290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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)

U000009325496
05/20/08-80668-018 61.25

Filing Fee is \$81.25
Due by May 1, 2008

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	D ODDO, ROBERT 4410 N STATE RD 7, STE 100, BLDG J FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOLZ, THEO W 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, GARY R 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AIELLO, MELISSA 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  GARY ELLIS 4/1/08 954-772-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #