


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000007103**  
 1. Entity Name  
 FONDATION DR. JEAN BARTOLI, INC.



Principal Place of Business: 2649 RIVIERA DR, MIRAMAR, FL 33023  
 Mailing Address: 2649 RIVIERA DR, MIRAMAR, FL 33023

**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 03-0479984 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARTOLI, MONIQUE CAROLE  
 2649 RIVIERA DR  
 MIRAMAR, FL 33023

**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: \_\_\_\_\_ 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, 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	CEP BARTOLI, MONIQUE CAROLE 2649 RIVIERA DR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERGARA, SANDRINA P 9210 FONTAINBLEAU BLVD #503 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERGARA, CAROLYN 13821 SW 17TH AVE #8 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTOLI, PATRICK 2837 ISLAND DR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000358675  
 05/04/05-80124-017 70.00  
**DO NOT WRITE IN THIS SPACE**

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:** *Monique Bartoli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *4/29/05* Daytime Phone #: *786-226-5408*