


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

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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

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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, 2005
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 05/04/05-80124-017 70.00
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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: *Monique Bartoli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/29/05 Daytime Phone #: 786-226-5408