

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007904

FILED
Feb 04, 2006
Secretary of State

Entity Name: THE ALMODOVAR DIABETES FOUNDATION, INC.

Current Principal Place of Business:

6190 WOODLANDS BLVD.
SUITE 119
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

6190 WOODLANDS BLVD.
SUITE 119
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 02-0647455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMODOVAR, RAFAEL N
6190 WOODLANDS BLVD.
SUITE 119
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALMODOVAR, RAFAEL N
Address: 6190 WOODLANDS BLVD. #119
City-St-Zip: TAMARAC, FL 33319 US

Title: D () Delete
Name: ALMODOVAR, NELSON
Address: 6190 WOODLANDS BLVD. #119
City-St-Zip: TAMARAC, FL 33319 US

Title: D () Delete
Name: RIVERA, NILDA R
Address: 3100 HOLIDAY SPRINGS BOULEVARD APT 204
City-St-Zip: MARGATE, FL 33063 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FRANCHINI, MARIA G
Address: 6190 WOODLANDS BLVD. #119
City-St-Zip: TAMARAC, FL 33319 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL N. ALMODOVAR

D

02/04/2006

Electronic Signature of Signing Officer or Director

Date