

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

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000008587  
 1. Entity Name  
 STUDENTS HELPING ACHIEVE PHILANTHROPIC EXCELLENCE, INC.



Principal Place of Business      Mailing Address  
 2875 NE 191 ST STE 400      2875 NE 191 ST STE 400  
 AVENTURA, FL 33180      AVENTURA, FL 33180



01042005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 20-0290080      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PAPADAKIS, JOAN  
 2875 NE 191 ST STE 400  
 AVENTURA, FL 33180

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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	D
NAME	GORDON, MARK J
STREET ADDRESS	2875 NE 191 ST STE 400
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	PAPADAKIS, JOAN
STREET ADDRESS	2875 NE 191 ST STE 400
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	PLATT, NANCY
STREET ADDRESS	2875 NE 191 ST STE 400
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	STUDNIK, STACY
STREET ADDRESS	2875 NE 191 ST STE 400
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000226222  
 02/12/05-80007-011 61.25

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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)(f), 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: *Joan Papadakis* JOAN PAPADAKIS      2/8/05      305-370-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #