


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90323 009 ****61.25

DOCUMENT # N33016
1. Entity Name
ELIER DACAL FOUNDATION, INC.




Principal Place of Business Mailing Address
20301 SW 106TH AVENUE 20301 SW 106TH AVENUE
MIAMI FL 33189 MIAMI FL 33189
US US

2. Principal Place of Business 3. Mailing Address
12336 S.W. 132nd Ct *12336 S.W. 132nd Ct*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL *MIAMI FL*

Zip Country Zip Country
33186-6451 Dade *33186-6451 Dade*



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
65-0128946 Not Applicable

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

6. Name and Address of Current Registered Agent
DACAL, SARAY
20301 SW 106TH AVE.
MIAMI FL 33189

7. Name and Address of New Registered Agent
Name *DACAL, SARAY*
Street Address (P.O. Box Number is Not Acceptable)
12336 S.W. 132 Ct
MIAMI FL
City Zip Code
FL 33186-

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 *Saray Dacal* DATE *April 20, 05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DACAL, SARAY | |
| STREET ADDRESS | 20301 SW 106TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33189 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DIMINO, THOMAS J MD | |
| STREET ADDRESS | 11651 SW 64TH AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | STUART, MARY M | |
| STREET ADDRESS | 11651 SW 64TH AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FAIRFIELD, TERRY | |
| STREET ADDRESS | 14561 SW 146 PL | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STACKHOUSE, JOHN W JR | |
| STREET ADDRESS | 20301 SW 106TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33189 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | <i>MARIA CAO-LOPEZ</i> | |
| STREET ADDRESS | <i>13680 S.W. 98th Street</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33183</i> | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>DACAL, SARAY</i> | |
| STREET ADDRESS | <i>12336 S.W. 132nd Ct</i> | |
| CITY-ST-ZIP | <i>MIAMI FL 33186-6451</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>STACKHOUSE, JOHN W Jr</i> | |
| STREET ADDRESS | <i>12336 S.W. 132nd Ct</i> | |
| CITY-ST-ZIP | <i>MIAMI FL 33186-6451</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Saray Dacal* DATE: *April 20, 2005* DAYTIME PHONE: *305-401-6181*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #