


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

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

04-27-2005 90343 027 ****61.25

DOCUMENT # N93000005785
 1. Entity Name
SHAY FOUNDATION, INC.



Principal Place of Business Mailing Address
 105 ARVIDA PARKWAY 105 ARVIDA PARKWAY
 CORAL GABLES FL 33156 CORAL GABLES FL 33156

20040014



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
13635 DEERING BAY DRIVE *13635 DEERING BAY DRIVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 293 *UNIT 293*

City & State City & State
CORAL GABLES, FL *CORAL GABLES, FL*

4. FEI Number Applied For
 65-0455713 Not Applicable

Zip Country Zip Country
33158 *USA* *33158* *USA*

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

6. Name and Address of Current Registered Agent
 CORPORATION COMPANY OF MIAMI, INC.
 201 S BISCAYNE BLVD
 SUITE 1600
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	DCP SHAY, RODGER D SR 105 ARVIDA PARKWAY CORAL GABLES FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHAY, RODGER D JR 105 ARVIDA PARKWAY CORAL GABLES FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SHAY, GRACE D 105 ARVIDA PARKWAY CORAL GABLES FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUCHANAN, LYNN A 105 ARVIDA PARKWAY CORAL GABLES FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAY, RYAN E 105 ARVIDA PARKWAY CORAL GABLES FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOTTER, LORI A 105 ARVIDA PARKWAY CORAL GABLES FL 33156 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13635 DEERING BAY DRIVE CORAL GABLES, FL 33158</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13635 DEERING BAY DRIVE CORAL GABLES, FL 33158</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13635 DEERING BAY DRIVE CORAL GABLES, FL 33158</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13635 DEERING BAY DRIVE CORAL GABLES, FL 33158</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>LATAVANHA, LORI A. 13635 DEERING BAY DRIVE CORAL GABLES, FL 33158</i>

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: *[Signature]* 4/15/05 786-293-1561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #