2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N99000007108

1. Entity Name
STRUGGLED BUT NOT ALONE, INC.

Principal Place of Business	Mailing Address
420 NE 142ND STREET MIAMI, FL 33161	420 NE 142ND STREET MIAMI, FL 33161

02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0967322
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DESLANDES, LUNA M
420 NE 142 STREET
NORTH MIAMI, FL 33161

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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: Luna M. Deslandes 2/10/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P
NAME	DESLANDES, LUNA M
STREET ADDRESS	420 NE 142ND STREET
CITY-ST-ZIP	N MIAMI, FL 33161
TITLE	C
NAME	JOSPEH, GUETIE
STREET ADDRESS	14825 NE 5TH AVE
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	VC
NAME	JEROME, MARIE JOSE
STREET ADDRESS	4011 KINGS HWY #1-B
CITY-ST-ZIP	BKLYN, NY 11234
TITLE	S
NAME	MOMPLAISIR, MARIE C
STREET ADDRESS	20310 NE 12 COURT
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	BPA
NAME	DESLANDES, MARC E
STREET ADDRESS	420 NE 142ND STREETH
CITY-ST-ZIP	NO. MIAMI, FL 33161
TITLE	PD
NAME	MATTHIEU, TECHELINE
STREET ADDRESS	120 NE 59 ST.
CITY-ST-ZIP	MIAMI, FL 33137

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02/14/05-80013-021 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: Luna M. Deslandes 2/10/2005 305-681-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #