

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90038 019 ****70.00

DOCUMENT # 743454

1. Entity Name

ANTHONY R. ABRAHAM FOUNDATION, INC.



Principal Place of Business

**6600 S.W. 57 AVENUE
MIAMI FL 33143**

Mailing Address

**6600 S.W. 57 AVENUE
MIAMI FL 33143**

94030932



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1837290

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRYER, WARREN
6600 SW 57TH AVE
MIAMI FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
NAME ABRAHAM, ANTHONY R
STREET ADDRESS 727 SOUTH ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE SD ☐ Delete
NAME ABRAHAM, THOMAS G
STREET ADDRESS 155 SOLANO PRADO
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE DVP ☐ Delete
NAME SHAKER, ANTHONY
STREET ADDRESS 1118 N. KENILWORTH AVENUE
CITY-ST-ZIP OAK PARK IL

TITLE D ☐ Delete
NAME MALOUF, THOMAS H
STREET ADDRESS 3109 MOSS VALE LANE
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ Delete
NAME ABRAHAM, NORMA JEAN
STREET ADDRESS 4891 SW 76TH ST
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ Delete
NAME HADDAD, MICHAEL
STREET ADDRESS 148 WATERROAD DR.
CITY-ST-ZIP HINSDALE IL 60521

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Anthony R. Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY R. ABRAHAM

Date

3/15/04

Daytime Phone #

305-665-2222