



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90270 033 ****61.25

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|---|---|--|--|---|--|
| DOCUMENT # N00000006681 1. Entity Name LAWTON FOUNDATION FOR HUMAN RIGHTS, INC. | | | |  | |
| Principal Place of Business 5975 SUNSET DRIVE SUITE 505 MIAMI, FL 33143 | | | Mailing Address 351 NW LEJEUNE ROAD #204 MIAMI, FL 33126 | | |
| 2. Principal Place of Business 351 NW 42 AVE Suite, Apt. #, etc. #204 | | 3. Mailing Address 351 NW 42 AVE Suite, Apt. #, etc. #204 | |  | |
| City & State MIAMI - FL | | City & State MIAMI - FL | | 4. FEI Number 27-0072560 | |
| Zip 33126 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GARRIDO, ANGEL E 351 NW LEJEUNE ROAD MIAMI, FL 33126 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPD GARRIDO, ANGEL E 351 NW LEJEUNE ROAD #204 MIAMI, FL 33126 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BISCET, OSCAR ELIAS 351 NW LEJEUNE ROAD #204 MIAMI, FL 33126 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/25/05 Daytime Phone # (305) 6497277 | | |