

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005475 1. Entity Name THE CEJAS FAMILY FOUNDATION, INC.					
Principal Place of Business 420 LINCOLN ROAD, STE 330 MIAMI BEACH, FL 33139 US			Mailing Address 420 LINCOLN ROAD, STE 330 MIAMI BEACH, FL 33139 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PLC INVESTMENTS INC. 420 LINCOLN ROAD, STE 330 MIAMI BEACH, FL 33139				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) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CEJAS, HELENE C		NAME		
STREET ADDRESS	420 LINCOLN ROAD, STE 330		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MONTERO, HILDA C		NAME		
STREET ADDRESS	420 LINCOLN ROAD, STE 330		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CEJAS, PAUL L		NAME		
STREET ADDRESS	420 LINCOLN ROAD, STE 330		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CEJAS, GERTIE		NAME		
STREET ADDRESS	420 LINCOLN ROAD, STE 330		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARKOFSKY, TIFFANY		NAME		
STREET ADDRESS	420 LINCOLN ROAD, STE 2D		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RODRIGUEZ, SANDRA		NAME		
STREET ADDRESS	420 LINCOLN ROAD, STE 330		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33139		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/06 305-831-8220 Date Daytime Phone #		



04272006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0534149** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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, 2006

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 D ☐ Delete
NAME CEJAS, HELENE C
STREET ADDRESS 420 LINCOLN ROAD, STE 330
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE SD ☐ Delete
NAME MONTERO, HILDA C
STREET ADDRESS 420 LINCOLN ROAD, STE 330
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE PD ☐ Delete
NAME CEJAS, PAUL L
STREET ADDRESS 420 LINCOLN ROAD, STE 330
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DV ☐ Delete
NAME CEJAS, GERTIE
STREET ADDRESS 420 LINCOLN ROAD, STE 330
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D ☐ Delete
NAME MARKOFSKY, TIFFANY
STREET ADDRESS 420 LINCOLN ROAD, STE 2D
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE DT ☐ Delete
NAME RODRIGUEZ, SANDRA
STREET ADDRESS 420 LINCOLN ROAD, STE 330
CITY-ST-ZIP MIAMI BCH, FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
UD00000561713
05/19/06-80025-021 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #