


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 703788 1. Entity Name PEACOCK FOUNDATION, INC.	
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Principal Place of Business 100 SE 2ND ST STE 2370 MIAMI, FL 33131-2145 US	Mailing Address 100 SE 2ND ST STE 2370 MIAMI, FL 33131-2145 US
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0999759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN, JOELLE M 100 SE 2ND STREET STE 2370 MIAMI, FL 33131
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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000836189 04/18/08-80046-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM RICKARD, BARBARA A. 100 SE 2ND ST, STE 2370 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REITER-FARAGALLI, ROBIN 100 S.E. 2ND ST., SUITE 2370 MIAMI, FL 331312127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACHER, CHARLES P 100 SE 2ND ST, SUITE 2370 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Robin Reiter-Faragalli* **ROBIN REITER-FARAGALLI** 3-10-08 (305) 373-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #