

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 744061

1. Entity Name
**THE CHILDREN'S GENETIC DISEASE FOUNDATION OF
FLORIDA, INC.**



Principal Place of Business
**% MICHAEL GOLDBERG, P.A.
16855 N.E. 2ND AVE.
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**% MICHAEL GOLDBERG, P.A.
16855 N.E. 2ND AVE.
NORTH MIAMI BEACH, FL 33162**



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1908974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDBERG, MICHAEL, CPA
1685 N.E. 2ND AVE.
SUITE 303
N. MIAMI BCH, FL 33162**

**DO NOT WRITE
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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLUCK, CHARLES M.
STREET ADDRESS	530 GRAND CONCOURSE
CITY-ST-ZIP	MIAMI SHORES, FL
TITLE	SD
NAME	GREEN, AL
STREET ADDRESS	330 N.W. 125TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	GOLDBERG, MICHAEL
STREET ADDRESS	16855 N.W. 2ND AVE. STE. 303
CITY-ST-ZIP	N.MIAMI BCH., FL
TITLE	SDD
NAME	LEWIN, SHAROL
STREET ADDRESS	6700 NW 186 ST., #121
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000009162
01/20/04-80094-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/04 305-657-0400