


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 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	
DO NOT WRITE IN THIS SPACE			
		01232006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-1908974	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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
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			
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>Michael Goldberg - Titles</i>		<i>1/23/06</i> <i>305-6510400</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	