

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744061

FILED
Apr 19, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1908974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLUCK, CHARLES M.
Address: 530 GRAND CONCOURSE
City-St-Zip: MIAMI SHORES, FL

Title: SD () Delete
Name: GREEN, AL
Address: 330 N.W. 125TH STREET
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: GOLDBERG, MICHAEL
Address: 16855 N.W. 2ND AVE. STE. 303
City-St-Zip: N.MIAMI BCH., FL

Title: SDD () Delete
Name: LEWIN, SHAROL,
Address: 6700 NW 186 ST., #121
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GOLDBERG

TREA

04/19/2008

Electronic Signature of Signing Officer or Director

Date