

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755101

FILED  
Apr 06, 2008  
Secretary of State

**Entity Name:** THE NATIONAL FOUNDATION FOR CHILDREN, INC.

**Current Principal Place of Business:**

% DR. LAURIE D. BRAGA  
3120 CENTER STREET  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

C/O DR. LAURIE D. BRAGA  
3120 CENTER STREET  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

% DR. LAURIE D. BRAGA  
3120 CENTER STREET  
COCONUT GROVE, FL 33133

**New Mailing Address:**

C/O DR. LAURIE D. BRAGA  
3120 CENTER STREET  
COCONUT GROVE, FL 33133

**FEI Number:** 59-2039890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASEY, DANIEL, A.  
KIRKPATRICK & LOCKHART  
100 CHOPIN PLAZA, STE 2000, MIAMI CENTER  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CASEY, DANIEL, A.  
K & L GATES  
201 S BISCAYNE BLVD MIAMI CENTER-20TH FL  
MIAMI, FL 33131 US

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:

04/06/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRAGA, DR. JOSEPH,  
Address: 3120 CENTER STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TD ( ) Delete  
Name: BRAGA, DR. LAURIE,  
Address: 3120 CENTER STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD ( ) Delete  
Name: BRAGA, LAURIE D DR.  
Address: 3120 CENTER STREET  
City-St-Zip: COCONUT GROVE, FL 33133 US

**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:

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: DR. LAURIE D. BRAGA

SD

04/06/2008

Electronic Signature of Signing Officer or Director

Date