


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 755770
 1. Entity Name
SIRGANY FOUNDATION, INC.



Principal Place of Business Mailing Address
6910 NW 12TH ST **6910 NW 12TH ST**
BLDG B **BLDG B**
MIAMI, FL 33126 US **MIAMI, FL 33126 US**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2056953	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

KAYAL, RAYMOND J.
6910 NW 12TH STREET
MIAMI, FL 33126

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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 re-filing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAYAL, MARY LORAINE 6850 SW 99TH TERRACE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAYAL, RAYMOND J 6850 SW 99TH TERRACE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARROCK, DOLORES S 1525 REVERE DRIVE BROOKFIELD, WI 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/17/05-80050-005 61.25

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]* *2/14/05* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #