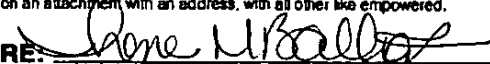


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 8:00 am
Secretary of State

03-30-2005 90040 044 ****61.25

DOCUMENT # 762956					
1. Entity Name SPINA BIFIDA ASSOCIATION OF SOUTHEAST FLORIDA, INC.					
Principal Place of Business 8431 SW 33 TERRACE MIAMI, FL 33155			Mailing Address 8431 SW 33 TERRACE MIAMI, FL 33155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2228807	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BALLART, IRENE 8431 SW 33 TERRACE MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renewing.) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BALLART, IRENE		NAME		
STREET ADDRESS	8431 SW 33 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	GONZALEX-ABREV, EMILY		NAME	Gonzalez-Abreu, Emilia	
STREET ADDRESS	3902 PARK SIDE LANE		STREET ADDRESS	4712 Hayes Street	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	TD	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	MESLER, JIM		NAME	CUKIER, ARNOLD	
STREET ADDRESS	2816 SW 81 TERR		STREET ADDRESS	10060 SW 2ND STREET	
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	MAGNI, PAULA		NAME	RENATE SMITH	
STREET ADDRESS	200 SW 25 ROAD		STREET ADDRESS	15600 PALMETTO CLUB DRIVE	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI FLORIDA 33157	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			5-14-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		