


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006764	
1. Entity Name PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.	

Principal Place of Business 13200 CROSSROADS PARKWAY NORTH, SUITE 135 CITY OF INDUSTRY, CA 91746	Mailing Address 13200 CROSSROADS PARKWAY NORTH, SUITE 135 CITY OF INDUSTRY, CA 91746
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04212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2557063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARACORP INCORPORATED 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	C QURESHI, AZHAR K C/O 500 S. MAIN ST., #900 ORANGE, CA 926664533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCCORMACK, JOSEPH A 3374 FLOYD TERRACE LOS ANGELES, CA 90068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, GERALDO R J.D. 13200 CROSSROADS PARKWAY NORTH, SUITE 135 CITY OF INDUSTRY, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESTFALL, ROBERT D 2 SOUTH OLD RANCH ROAD ARCADIA, CA 91107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIGIAMPAOLO, ELLEN R RD 303 W. HILLDALE STREET INGLEWOOD, CA 90302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80161-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Gerald R. Solomon 4/26/05 (562) 699 7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #