

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003450

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: RENASCER FOUNDATION, INC.

## Current Principal Place of Business:

1300 E. HILLBORO BLVD.  
SUITE 208  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

620 LOCK ROAD  
DEERFIELD BEACH, FL 33442

## Current Mailing Address:

1300 E. HILLBORO BLVD.  
SUITE 208  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

620 LOCK ROAD  
DEERFIELD BEACH, FL 33442

FEI Number: 65-1011436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALMEIDA VALE, ANGELITA DE  
620 LOCK RD.  
DEERFIELD BEACH, FL 33442 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: DP ( ) Delete  
Name: FILHO, ESTEVAM H  
Address: 12582 TORBAY DR.  
City-St-Zip: BOCA RATON, FL 33428

Title: DV ( ) Delete  
Name: HERNANDES, FELIPPE DANIEL  
Address: 12582 TORBAY DR.  
City-St-Zip: BOCA RATON, FL 33428

Title: DV ( ) Delete  
Name: HERNANDES, SONIA HADDAD M  
Address: 12582 TORBAY DR.  
City-St-Zip: BOCA RATON, FL 33428

Title: DST ( ) Delete  
Name: GARCIA, MARCO ANTONIO  
Address: 3617 NE 168 STREET  
City-St-Zip: NORTH MIAMI, FL 33160

Title: D ( ) Delete  
Name: ALMEIDA VALE, ANGELITO DE  
Address: 1205 HILLBORO MILE APT. 304  
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D ( ) Delete  
Name: AYRES ABBUD, ANTONIO CARLOS  
Address: RUE GOMES DE CARVALHO  
City-St-Zip: SAO PAULO, BRAZIL, FL 33308 OC

## 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:

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 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 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: ALMEIDA VALE ANGELITA DE

MRS

01/26/2005

Electronic Signature of Signing Officer or Director

Date