

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90329 050 ****61.25

DOCUMENT # N00000003450					
1. Entity Name RENASCER FOUNDATION, INC.					
Principal Place of Business 1843 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442			Mailing Address 1843 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03082006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-1011436				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			7. Name and Address of New Registered Agent		
ALMEIDA VALE, ANGELITA DE 620 LOCK RD. DEERFIELD BEACH, FL 33442			Name Street Address (P.O. Box Number is Not Acceptable) 5230 NW 53 Ave Coconut Creek City FL Zip Code 33073		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 04.26.06		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME FILHO, ESTEVAM H STREET ADDRESS 12582 TORBAY DR. CITY-ST-ZIP BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE VPD NAME HERNANDES, FELIPPE DANIEL STREET ADDRESS 12582 TORBAY DR. CITY-ST-ZIP BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE VPD NAME HERNANDES, SONIA HADDAD M STREET ADDRESS 12582 TORBAY DR. CITY-ST-ZIP BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE STD NAME MORETTO, ANDRE LUIS STREET ADDRESS 454 LOCK ROAD, APT 318 CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	5230 NW 53 Ave Coconut Creek FL 33073	
TITLE D NAME DE ALMEIDA VALE, ANGELITA STREET ADDRESS 620 LOCK ROAD CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	5230 NW 53 Ave Coconut Creek FL 33073	
TITLE D NAME AYRES ABBUD, ANTONIO CARLOS STREET ADDRESS RUE GOMES DE CARVALHO CITY-ST-ZIP SAO PAULO, BRAZIL, FL 33308	<input type="checkbox"/> Delete		TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	5230 NW 53 Ave Coconut Creek FL 33073	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:			04.26.06 954.5716606		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		