

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

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005055

1. Entity Name
THE FIALHO FOUNDATION, INC.



Principal Place of Business

**7680 ESTRELLA CIR
BOCA RATON, FL 33433**

Mailing Address

**7680 ESTRELLA CIR
BOCA RATON, FL 33433**



06302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3745004

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREENBERG, JEFFREY L
4800 N FEDERAL HWY, STE 304-D
BOCA RATON, FL 33431**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORWITZ, ALLAN H
STREET ADDRESS	7680 ESTRELLA CIR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	NORWITZ, DEYSE F
STREET ADDRESS	7680 ESTRELLA CIR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	DINIZ, ALEXANDRA F
STREET ADDRESS	7680 ESTRELLA CIR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/05/05-80029-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: ALLAN H. NORWITZ 6/30/05 (561) 558-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #