


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000008405</b>	
1. Entity Name DI PAULI FAMILY FOUNDATION, INC.	

Principal Place of Business 9500 DADELAND BLVD. #603 MIAMI, FL 33156	Mailing Address P O BOX 565115 MIAMI, FL 33256-5115
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04282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1066232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DI PAULI, ROBERT V 9500 S DADELAND BLVD. #603 MIAMI, FL 33156
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**DO NOT WRITE 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 \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI PAULI, ROBERT V 9500 S DADELAND BLVD 603 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI PAULI, NEREIDA J 9500 SA DADELAND BLVD 603 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. MICHELLE DI PAULI KELLY 9500 S DADELAND BLVD 603 MIAMI, FL 33156
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U00000350309  
05/02/05-80100-002 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 another like empowered.

**SIGNATURE:** Robert V. Di Pauli **Robert V. Di Pauli** 4/28/05 305-790-1357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #