


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001352

1. Entity Name
 1141 CHARITABLE FOUNDATION, INC.



Principal Place of Business 123 SE 3RD STREET #114 MIAMI, FL 33131	Mailing Address 123 SE 3RD STREET #114 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 91-2108369	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBES, ROBERT J
 GREENBERG & TRAURIG, P.A.
 2255 GLADES ROAD
 BOCA RATON, FL 33431

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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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


U00000152429
 05/04/04-80085-018 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WENDY 123 SE 3RD STREET #114 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIDESDORF, TOVA 123 SE 3RD STREET #114 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, JURG 123 SE 3RD STREET #114 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERSBERG, CHRISTOF DR. 123 SE 3RD STREET #114 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:  **4/20/04 786-5562846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #