

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90167 019 \*\*\*\*70.00

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<b>DOCUMENT # N01000001352</b> 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		
2. Principal Place of Business 123 SE 3rd Avenue Suite, Apt. #, etc. #114 City & State Miami, FL Zip 33131		3. Mailing Address 123 SE 3rd Avenue Suite, Apt. #, etc. #114 City & State Miami, FL Zip 33131		04052005    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 & TRAUIG, P.A. 2255 GLADES ROAD BOCA RATON, FL 33431			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WENDY 123 SE 3RD STREET #114 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 123 SE 3rd Avenue #114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIDESDORF, TOVA 123 SE 3RD STREET #114 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 123 SE 3rd Avenue #114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, JURG 123 SE 3RD STREET #114 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 123 SE 3rd Avenue #114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERSBERG, CHRISTOF DR. 123 SE 3RD STREET #114 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 123 SE 3rd Avenue #114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/05    305.606.1110 <small>Date    Daytime Phone #</small>		