

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001355

FILED
May 04, 2005
Secretary of State

Entity Name: NATIONAL DIABETES EMPOWERMENT FOUNDATION, INC.

Current Principal Place of Business:

7396 SW 117 AVE
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

7396 SW 117 AVE
MIAMI, FL 33183

New Mailing Address:

FEI Number: 65-1081227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVAREZ, ISABEL
Address: 7396 SW 117 AVE
City-St-Zip: MIAMI, FL 33183

Title: VD () Delete
Name: SANDERS, M LLIANA
Address: 7396 SW 117 AVE
City-St-Zip: MIAMI, FL 33183

Title: STD () Delete
Name: FERNANDEZ, VIVIAN
Address: 7396 SW 117 AVE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL ALVAREZ

PD

05/04/2005

Electronic Signature of Signing Officer or Director

Date