

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001355

FILED  
Apr 28, 2006  
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 ( )**

**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: VD (X) Change ( ) Addition  
Name: SANDERS, M. ILIANA  
Address: 7396 SW 117 AVE  
City-St-Zip: MIAMI, FL 33183

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 Chapter 119, 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

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date