

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002428

Entity Name: THE PROMEDISS FOUNDATION, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 267035
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

PO BOX 267035
WESTON, FL 33326

New Mailing Address:

FEI Number: 90-0045608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHWARTZ, DAVID A ESQ
8181 W. BROWARD BLVD STE 204
PLANTATION, FL 33324 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: PTD () Delete
Name: FIXEL, SUSAN
Address: 1906 TIMBERLINE RD
City-St-Zip: WESTON, FL 33376

Title: VD () Delete
Name: FIXEL, LEE
Address: 1906 TIMBERLINE RD
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: FIXEL, TARYN
Address: 1906 TIMBERLINE RD
City-St-Zip: WESTON, FL 33326

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: SUSAN FIXEL

PTD

04/29/2004

Electronic Signature of Signing Officer or Director

Date