

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90002 012 ****61.25

DOCUMENT # N01000003628

1. Entity Name
FAMILIES FIGHTING NEUROBLASTOMA, INC.



Principal Place of Business
**3785 NW 82 AVE
#417
MIAMI, FL 33166 US**

Mailing Address
**3785 NW 82 AVE
#417
MIAMI, FL 33166 US**

20060989



2. Principal Place of Business
1987 NW 88 CT.

3. Mailing Address
1987 NW 88 CT.

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.
201

City & State
DORAL, FL

City & State
DORAL, FL

Zip
33172

Country
USA

Zip
33172

Country
USA

06292005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1107776

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARRERAS, LESTER
3785 NW 82 AVE
#417
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name
LESTER BARRERAS

Street Address (P.O. Box Number is Not Acceptable)
1987 NW 88 CT.

SUITE 201

City
DORAL

FL

Zip Code
33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/29/05

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LOPEZ, PETER
STREET ADDRESS 3785 NW 82 AVE. #417
CITY-ST-ZIP MIAMI, FL 33166

TITLE STD ☐ Delete
NAME BARRERAS, LESTER
STREET ADDRESS 3785 NW 82 AVE. #417
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME LOPEZ, PETER
STREET ADDRESS 1987 NW 88 CT. #201
CITY-ST-ZIP DORAL, FL 33172

TITLE STD ☒ Change ☐ Addition
NAME BARRERAS, LESTER
STREET ADDRESS 1987 NW 88 CT. #201
CITY-ST-ZIP DORAL, FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05 (305) 477-1988

Date

Daytime Phone #