

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004355

1. Entity Name
CHILDREN WITH GENETIC DEFECTS, INC.



Principal Place of Business

8013 SW 30 STREET
DAVIE, FL 33328

Mailing Address

8013 SW 30 STREET
DAVIE, FL 33328



01112005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-1115423

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, ALAN R
8013 SW 30 STREET
DAVIE, FL 33328

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IN THIS SPACE**

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 re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000183426

01/18/05 00000 010 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVIN, ALAN R
STREET ADDRESS	8013 SW 30 STREET
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	VD
NAME	LEVIN, ARTHUR J
STREET ADDRESS	9401 NW 23 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	HIMMEL, ALAN
STREET ADDRESS	818 HAWTHORN TERR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	BURKLEY, JOHN R
STREET ADDRESS	2708 NE 10 ST
CITY-ST-ZIP	PAMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

1-13-05

Date

954-475-8835

Daytime Phone #