

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N01000005367

1. Entity Name

LOUIS J. APPIGNANI FOUNDATION, INC.



Principal Place of Business

**3 GROVE ISLE DRIVE APT. 1409
COCONUT GROVE, FL 33133**

Mailing Address

**3 GROVE ISLE DRIVE APT. 1409
COCONUT GROVE, FL 33133**

DO NOT WRITE IN THIS SPACE



04042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-1124881

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FENNELL, LINDA
2240 WOOLBRIGHT RD STE 300
BOYNTON BEACH, FL 33426**

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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 reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	APPIGNANI, LOUIS J
STREET ADDRESS	3 GROVE ISLE DRIVE APT. 1409
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	APPIGNANI, ANDRE LOUIS
STREET ADDRESS	3 GROVE ISLE DRIVE APT. 1409
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	FENNELL, LINDA
STREET ADDRESS	2240 WOOLBRIGHT ROAD SUITE 300
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

Louis J. Appignani
LOUIS J. APPIGNANI

4/4/07 561-364-5500
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