


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90024 028 ****61.25

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # N01000006065 1. Entity Name 5-PILLAR FOUNDATION, INC. | | | |  | |
| Principal Place of Business 7860 SW 196 TERRACE MIAMI, FL 33189 | | | Mailing Address P.O. BOX 700731 MIAMI, FL 33170 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| JEREZ, SAMIR G 7860 SW 196 TERR. MIAMI, FL 33189 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature typed or printed name of registered agent and title if applicable</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | EDP | | TITLE | | |
| NAME | JEREZ, SAMIR G <input type="checkbox"/> Delete | | NAME | | |
| STREET ADDRESS | 7860 SW 196 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33189 | | CITY-ST-ZIP | | |
| TITLE | T <input checked="" type="checkbox"/> Delete | | TITLE | VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | JEREZ, FRANCES E | | NAME | MUHAMMAD RA'OOF | |
| STREET ADDRESS | 7860 SW 196 TERR | | STREET ADDRESS | 4642 NE HOLMAN ST. | |
| CITY-ST-ZIP | MIAMI, FL 33189 | | CITY-ST-ZIP | PORTLAND, OR 97218 | |
| TITLE | S <input checked="" type="checkbox"/> Delete | | TITLE | | |
| NAME | JEREZ, AMINA L | | NAME | | |
| STREET ADDRESS | 7860 SW 196 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33189 | | CITY-ST-ZIP | | |
| TITLE | VLA <input type="checkbox"/> Delete | | TITLE | | |
| NAME | DIAZ, JULIO | | NAME | | |
| STREET ADDRESS | 1450 SW 87 AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33025 | | CITY-ST-ZIP | | |
| TITLE | CIO <input checked="" type="checkbox"/> Delete | | TITLE | | |
| NAME | BURNS, MELANIE | | NAME | | |
| STREET ADDRESS | 1814 W. BOOKER | | STREET ADDRESS | | |
| CITY-ST-ZIP | ARTESIA, NM 88210 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <u>Samir G. Jerez</u> <u>6/4/05</u> <u>305 431-8534</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |