

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90002 049 \*\*\*\*61.25

**DOCUMENT #** *N 01 000006778*

1. Entity Name

**Wishing Well Foundation Of America Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>10700 Carribbean Blvd</b> Suite, Apt #, etc	3. Mailing Address <b>10700 Carribbean Blvd</b> Suite, Apt. #, etc,
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**54024102**

DO NOT WRITE IN THIS SPACE

City & State <b>Miami, FI</b>	City & State <b>Miami, FI</b>	4. FEI Number <b>65-1140578</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33189-1230</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

CR2E37B (12/01)

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.

**SIGNATURE** \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> <b>Lisa Galvez</b> <b>10700 Carribbean Blvd</b> <b>Miami, FI</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Heather Roberts</b> <b>10700 Carribbean Blvd</b> <b>Miami, FI</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEc/Treas</b> <b>Linda Kent</b> <b>10700 Carribbean Blvd</b> <b>Miami, FI</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_