ANNUAL REPORT FOR FLORIDA PROFIT CORPORATION

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Jun 03, 2004 8:00 am
Secretary of State
06-03-2004 90003 043 ****70.00

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05172004 Chg-NP CR2E037 (10/03)

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1. Entity Name
WHAT ABOUT THE CHILDREN FOUNDATION, INC.

Principal Place of Business	Mailing Address
2331 N.W. 208TH STREET MIAMI, FL 33056	2331 N.W. 208TH STREET MIAMI, FL 33056

2. Principal Place of Business	3. Mailing Address
2255 N.W 195TH ST Suite, Apt. #, etc.	2255 N.W. 195 ST Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33056 Country: USA	Zip: 33056 Country: USA

4. FEI Number: 65-1151093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLEARE, KIMBERLY 2331 N.W. 208TH STREET MIAMI, FL 33056	Name: Cleare Kimberly Street Address (P.O. Box Number is Not Acceptable): 2255 N.W. 195TH ST City: Miami FL Zip Code: 33056

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: Kimberly P. Cleare 5-17-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLEARE, EDMUND 2331 N.W. 208TH STREET MIAMI, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Edmund Cleare 2255 N.W. 195TH ST Miami, FL 33056	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLEARE, KIMBERLY 2331 N.W. 208TH STREET MIAMI, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Cleare, Kimberly 2255 N.W. 195TH Miami, FL 33056	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ROBINSON, ZULEMA 17101 N.W 43RD CT MIAMI, FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MOORE, KAREN 2521 N.W 206TH STR MIAMI, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BONTON, TRANEE 20021 N.W. 33RD AVE MIAMI, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PERDUE, EDDIE 2501 N.W. 206TH STR MIAMI, FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Kimberly P. Cleare 5/17/04 305.625.8451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #