


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000006958	
1. Entity Name ONCE UPON A TREE FOUNDATION, INC.	

Principal Place of Business ATTN: HENRY N. ADORNO ESQ 2601 SOUTH BAYSHORE DR SUITE 1600 MIAMI FL 33133	Mailing Address ATTN: HENRY N. ADORNO ESQ 2601 SOUTH BAYSHORE DR SUITE 1600 MIAMI FL 33133
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2. Principal Place of Business 2525 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 400 City & State Coral Gables, FL Zip 33134 Country USA	3. Mailing Address 2525 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 400 City & State Coral Gables, FL Zip 33134 Country USA
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FILED
05 MAR 17 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

4. FEI Number 65-1142562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLLE, DENNIS J ESQ ADORNO & YOSS PA 2601 SOUTH BAYSHORE DR SUITE 1600 MIAMI FL 33133	
7. Name and Address of New Registered Agent Name Dennis J. Olle, Esq. Street Address (P.O. Box Number is Not Acceptable) Adorno & Yoss LLP 2525 Ponce De Leon Blvd, #400 City Coral Gables FL Zip Code 33134	

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 Dennis J. Olle (NOTE: Registered Agent signature required when reinstating) DATE 2/25/05

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ADORNO, HENRY N 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2525 Ponce De Leon Blvd, #400 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, BRUCE 10901 OLD CUTLER ROAD CORAL GABLES FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, BRENDA 7900 RED ROAD SUITE 25 SOUTH MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700049929997 04/05/05--01082--008 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Henry N. Adorno DATE 3/15/05 305-460-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR