


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000000478	
1. Entity Name E & J MURAT FOUNDATION, INC.	

Principal Place of Business 615 NE 164TH ST. N. MIAMI BCH, FL 33162	Mailing Address 615 NE 164TH ST. N. MIAMI BCH, FL 33162
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 03-0380842	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MURAT, ERNEST 615 NE 164TH ST. N. MIAMI BCH, FL 33162
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURAT, JEANNE 615 NE 164TH ST. N. MIAMI BCH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERRE, DAVIDSON 6940 SW 28TH ST. MIAMI, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENN, ANGELA 1313 NE 187TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD METELLUS, SANDRA 2279 SW 80TH TERR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000370439  
07/05/05-80017-010 70.00

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>Ernest J. Murat</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>6/30/05</u>	Daytime Phone #: <u>786 390 8021</u>
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