

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90057 002 \*\*\*\*70.00

<b>DOCUMENT # N02000001406</b> 1. Entity Name <b>MARGAUX'S MIRACLE FOUNDATION, INC.</b>					
Principal Place of Business <b>2665 S. BAYSHORE DR., PH ONE MIAMI, FL 33133</b>			Mailing Address <b>2665 S. BAYSHORE DR., PH ONE MIAMI, FL 33133</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01252006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>04-3643503</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROTH, NEAL A ESQ. GROSSMAN AND ROTH, P.A. 2665 S. BAYSHORE DR., PH ONE MIAM, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, RAY MD <input type="checkbox"/> Delete 7330 SW 62ND PLACE SUITE 310 MIAMI, FL 33143		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALLOS, NILZA MD <input type="checkbox"/> Delete 6280 SUNSET DRIVE SUITE 603 MIAMI, FL 33143		CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>STUART GROSSMAN 2665 S. BAYSHORE DR., PENTHOUSE 1 MIAMI, FL 33133</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALSTONE, CHARLES MD <input type="checkbox"/> Delete 6280 SUNSET DRIVE SUITE 500 MIAMI, FL 33143		TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>JANET ROSENTHAL EDELSTEIN 2507 NW 59TH ST BOCA RATON, FL 33496</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUTTENBERG, ROCHELLE <input type="checkbox"/> Delete 2601 NW 29TH DRIVE BOCA RATON, FL 33434		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKAY, KATHY <input type="checkbox"/> Delete 1298 SW 15TH STREET BOCA RATON, FL 33488		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Stuart Grossman</u> <u>1/31/06</u> <u>561-367-8666</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					