



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N02000001406					
1. Entity Name MARGAUX'S MIRACLE FOUNDATION, INC.					
Principal Place of Business 2665 S. BAYSHORE DR., PH ONE MIAMI, FL 33133			Mailing Address 2665 S. BAYSHORE DR., PH ONE MIAMI, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01252006 Chg-NP CR2E037 (11/05) 4. FEI Number 04-3643503 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			7. Name and Address of New Registered Agent		
ROTH, NEAL A ESQ. GROSSMAN AND ROTH, P.A. 2665 S. BAYSHORE DR., PH ONE MIAM, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, RAY MD		NAME	STUART GROSSMAN	
STREET ADDRESS	7330 SW 62ND PLACE SUITE 310		STREET ADDRESS	2665 S. BAYSHORE DR., PENTHOUSE 1	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLOS, NILZA MD		NAME	JANET ROSENTHAL EDELSTEIN	
STREET ADDRESS	6280 SUNSET DRIVE SUITE 603		STREET ADDRESS	2507 NW 59TH ST	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALSTONE, CHARLES MD		NAME		
STREET ADDRESS	6280 SUNSET DRIVE SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTTENBERG, ROCHELLE		NAME		
STREET ADDRESS	2601 NW 29TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, KATHY		NAME		
STREET ADDRESS	1298 SW 15TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33488		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: 		Stuart Grossman		1/31/06 561-367-8666	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	