


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N02000001406</b><br>1. Entity Name<br><b>MARGAUX'S MIRACLE FOUNDATION, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2665 S. BAYSHORE DR., PH ONE<br/>MIAMI FL 33133</b> | Mailing Address<br><b>2665 S. BAYSHORE DR., PH ONE<br/>MIAMI FL 33133</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE      CR2E037 (10/06)

|                                  |                                  |                                    |  |
|----------------------------------|----------------------------------|------------------------------------|--|
| City & State<br>Zip      Country | City & State<br>Zip      Country | 4. FEI Number<br><b>04-3643503</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|----------------------------------|----------------------------------|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**ROTH, NEAL A ESQ.  
GROSSMAN AND ROTH, P.A.  
2665 S. BAYSHORE DR., PH ONE  
MIAM FL 33133**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 |  |
|----------------------------|--|
| TITLE                      | D <input type="checkbox"/> Delete<br>NAME: LOPEZ, RAY MD<br>STREET ADDRESS: 7330 SW 62ND PLACE SUITE 310<br>CITY-STATE-ZIP: MIAMI FL 33143       |
| TITLE                      | D <input type="checkbox"/> Delete<br>NAME: KALLOS, NILZA MD<br>STREET ADDRESS: 6280 SUNSET DRIVE SUITE 603<br>CITY-STATE-ZIP: MIAMI FL 33143     |
| TITLE                      | D <input type="checkbox"/> Delete<br>NAME: KALSTONE, CHARLES MD<br>STREET ADDRESS: 6280 SUNSET DRIVE SUITE 500<br>CITY-STATE-ZIP: MIAMI FL 33143 |
| TITLE                      | VP <input type="checkbox"/> Delete<br>NAME: RUTTENBERG, ROCHELLE<br>STREET ADDRESS: 2601 NW 29TH DRIVE<br>CITY-STATE-ZIP: BOCA RATON FL 33434    |
| TITLE                      | S <input type="checkbox"/> Delete<br>NAME: MCKAY, KATHY<br>STREET ADDRESS: 1298 SW 15TH STREET<br>CITY-STATE-ZIP: BOCA RATON FL 33488            |
| TITLE                      | C <input type="checkbox"/> Delete<br>NAME: GROSSMAN, STUART<br>STREET ADDRESS: 2665 S BAYSHORE DR PENTHOUSE 1<br>CITY-STATE-ZIP: MIAMI FL 33133  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____ |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____ |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____ |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____ |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-STATE-ZIP: _____ |

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rochelle Ruttenberg*      Date: *2-7-2007*      Daytime Phone #: *561-538-0202*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR