


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90034 008 ****61.25

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 - No P.O. Box #
2601 N.W. 29th DR.
 Suite, Apt. #, etc.

3. Mailing Address
2601 N.W. 29th DR.
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State: **Boca Raton FL**
 City & State: **Boca Raton**

Zip: **33434** Country: **USA**
 Zip: **33434** Country: **USA**

4. FEI Number: **04-3643503** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROTH, NEAL A ESQ.
 GROSSMAN AND ROTH, P.A.
 2665 S. BAYSHORE DR., PH ONE
 MIAMI FL 33133**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **2525 Ponce de Leon Blvd**
CORAL GABLES FL 33134
 City: _____ State: **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 checked="" type="checkbox"/> Delete |
| NAME: LOPEZ, RAY MD | |
| STREET ADDRESS: 7330 SW 62ND PLACE SUITE 310 | |
| CITY-ST-ZIP: MIAMI FL 33143 | |
| TITLE: D | <input type="checkbox"/> Delete |
| NAME: KALLOS, NILZA MD | |
| STREET ADDRESS: 6280 SUNSET DRIVE SUITE 603 | |
| CITY-ST-ZIP: MIAMI FL 33143 | |
| TITLE: D | <input type="checkbox"/> Delete |
| NAME: KALSTONE, CHARLES MD | |
| STREET ADDRESS: 6280 SUNSET DRIVE SUITE 500 | |
| CITY-ST-ZIP: MIAMI FL 33143 | |
| TITLE: EXECUTIVE DIRECTOR | <input type="checkbox"/> Delete |
| NAME: RUTTENBERG, ROCHELLE | |
| STREET ADDRESS: 2601 NW 29TH DRIVE | |
| CITY-ST-ZIP: BOCA RATON FL 33434 | |
| TITLE: S | <input type="checkbox"/> Delete |
| NAME: MCKAY, KATHY | |
| STREET ADDRESS: 1298 SW 15TH STREET | |
| CITY-ST-ZIP: BOCA RATON FL 33488 | |
| TITLE: C | <input type="checkbox"/> Delete |
| NAME: GROSSMAN, STUART | |
| STREET ADDRESS: 2665 S BAYSHORE DR PENTHOUSE + 2525 Ponce de Leon Blvd | |
| CITY-ST-ZIP: MIAMI FL 33133 - CORAL GABLES FL 33134 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: TREASURER | size <input checked="" type="checkbox"/> Addition |
| NAME: DONNA BURROUGHS | |
| STREET ADDRESS: 2525 Ponce de Leon Blvd | |
| CITY-ST-ZIP: CORAL GABLE FL 33134 | 11th Floor |

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* Rochelle Ruttenberg 2/26/08 561-558-0202