

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2009
Secretary of State**

DOCUMENT# N02000002244

Entity Name: MANUELA AND ARTHUR BRUHIER FOUNDATION, INC.

Current Principal Place of Business:

10910 NW 64TH DRIVE
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

10910 NW 64TH DRIVE
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 02-0586352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACRUISE, ODESSA
10910 NW 64TH DRIVE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDERSON, IRVIN
Address: 75 WEST END AVENUE
City-St-Zip: NEW YORK, NY 10023

Title: D () Delete
Name: HENDERSON, ALVIN
Address: BIG CREEK INDEPENDENCE
City-St-Zip: STAN CREEK BELIZE,

Title: D () Delete
Name: CASTILLO, ZANE
Address: 44 EBONY STREET
City-St-Zip: BELIZE CITY BELIZE,

Title: D () Delete
Name: BLEASE, ALLYSON
Address: 7615 COCO PLUM CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: PTS () Delete
Name: LACRUISE, ODESSA
Address: 10910 NW 64TH DRIVE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODESSA LACRUISE

PTS

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date