

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002359

1. Entity Name
GLOBAL FOUNDATION FOR DEMOCRACY AND DEVELOPMENT, INC.



FILED
04 MAR 19 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O DALCIO ANDUJAR JR
6310 WILEY STREET
HOLLYWOOD, FL 33023**

Mailing Address
**C/O DALCIO ANDUJAR JR
6310 WILEY STREET
HOLLYWOOD, FL 33023**

2. Principal Place of Business
1889 "F" Street, N.W.

3. Mailing Address
1889 "F" Street, N.W.

Suite, Apt. #, etc.
731

City & State
Washington, D.C.

Zip
20006

Country



02092004 Chg-NP CR2E037 (10/03)

4. FEI Number
46-0485203

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PEREZ, HECTOR D
10235 SW 66TH STREET
MIAMI, FL 33173**

7. Name and Address of New Registered Agent
Name
Peninsula Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.
43rd Floor
City
Miami FL Zip Code
33131

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.

PENINSULA REGISTERED AGENTS, INC.

SIGNATURE By: *Debra Palmisano*
Signature, typed or printed name of registered agent and title if applicable.
Debra Palmisano, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE
3/18/04

Filing Fee is **\$61.25**
Due by **May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, LEONEL AV MEXICO CASI ESQ TRIADNETES SANTO DOMINGO DOM. REPUBLIC, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAS, TEMISTOCLES LOS CACICAZGOS SANTO DOMINGO DOM REPUBLIC, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300030921993 03/23/04--01070--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DESPOTOVICH, NATASHA XXXX SANTO DOMINGO DOM REPUBLIC, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10755 Brewer House Road North Bethesda, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDUJAR, DALCIO JR 6310 WILEY STREET HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDUJAR, ALEXANDER 1290 HIGH ROAD TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, HECTOR D 10235 SW 66TH STREET MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Natasha Despotovich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Natasha Despotovich, Secretary

Date
3/18/04

Daytime Phone #