

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003820

Entity Name: ARRA FOUNDATION INC

FILED
May 24, 2004
Secretary of State

Current Principal Place of Business:

18921 NW 19TH ST
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

18921 NW 19TH ST
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 02-0688555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAVELO, TOINETTE E
18921 NW 19TH STREET
PEMBROKE PINES, FL 33029

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: PD () Delete
Name: RAVELO, DAISY
Address: 18314 NW 68TH AVE APT 14M
City-St-Zip: MIAMI LAKES, FL 33015

Title: SD () Delete
Name: MONNE, MARK D
Address: 19821 NW 19TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: CARODNA, MARIA
Address: 1210 W 61 PLACE
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: RAVELO, TOINETTE
Address: 18921 NW 18TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: AMENDOLA, PETER
Address: 5000 NW 100 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP (X) Change () Addition
Name: AMENDOLA, RICHARD
Address: 5000 NW 100 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAISY RAVELO

PD

05/24/2004

Electronic Signature of Signing Officer or Director

Date