

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005358

FILED
Jun 19, 2008
Secretary of State

Entity Name: WORLD FOUNDATION FOR SCIENCE, FINANCE AND DEVELOPMENT, II, INC.

Current Principal Place of Business:

291 BAL BAY DRIVE
BAL HARBOUR, FL 33154

New Principal Place of Business:

1125 N E 125 STREET
301
N MIAMI, FL 33161

Current Mailing Address:

291 BAL BAY DRIVE
109
BAL HARBOUR, FL 33154

New Mailing Address:

1125 N E 125 STREET
301
N MIAMI, FL 33161

FEI Number: 11-3668975 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADES, DONNA
C/O LAW OFFICES OF KEN LANGE
1125 N E 125 STREET SUITE 301
NORTH MIAMI, FL 33161 US

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: GOODMAN, ARTHUR
Address: 291 BAL BAY DRIVE
City-St-Zip: BAL HARBOR, FL 33154

Title: TD () Delete
Name: LIEVANA, IRENE G
Address: 1125 NE 125 STREET, # 301
City-St-Zip: MIAMI, FL 33161

Title: SD () Delete
Name: ADES, DONNA
Address: 1125 N E 125 STREET, #301
City-St-Zip: N. MIAMI, FL 33161

Title: ATD () Delete
Name: GOODMAN, ARTHUR
Address: 291 BAL BAY DR #109
City-St-Zip: BAL HARBOUR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOODMAN, ARTHUR
Address: P.O. BOX 614302
City-St-Zip: N MIAMI, FL 33161

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

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

Title: ATD (X) Change () Addition
Name: GOODMAN, ARTHUR
Address: P.O. BOX 614302
City-St-Zip: N MIAMI, FL 33160

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: ARTHUR GOODMAN

PD

06/19/2008

Electronic Signature of Signing Officer or Director

Date