

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000007103**

**1. Entity Name**

FONDATION DR. JEAN BARTOLI, INC.



**Principal Place of Business**

2649 RIVIERA DR  
MIRAMAR, FL 33023

**Mailing Address**

2649 RIVIERA DR  
MIRAMAR, FL 33023

**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-NP

CR2E037 (10/03)

**4. FEI Number**

03-0479984

**Applied For**

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

BARTOLI, MONIQUE CAROLE  
2649 RIVIERA DR  
MIRAMAR, FL 33023

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CEP
<b>NAME</b>	BARTOLI, MONIQUE CAROLE
<b>STREET ADDRESS</b>	2649 RIVIERA DR
<b>CITY-ST-ZIP</b>	MIRAMAR, FL 33023
<b>TITLE</b>	PD
<b>NAME</b>	VERGARA, SANDRINA P
<b>STREET ADDRESS</b>	9210 FONTAINBLEAU BLVD #503
<b>CITY-ST-ZIP</b>	MIAMI, FL 33172
<b>TITLE</b>	SD
<b>NAME</b>	VERGARA, CAROLYN
<b>STREET ADDRESS</b>	13821 SW 17TH AVE #8
<b>CITY-ST-ZIP</b>	MIAMI, FL 33175
<b>TITLE</b>	TD
<b>NAME</b>	BARTOLI, PATRICK
<b>STREET ADDRESS</b>	2837 ISLAND DR
<b>CITY-ST-ZIP</b>	MIRAMAR, FL 33023
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 786-226-5408  
Date Daytime Phone #