2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007103

Entity Name: FONDATION DR. JEAN BARTOLI, INC.

FILED Jul 15, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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2649 RIVIERA DR 541 BLUE HERON DR

MIRAMAR, FL 33023 106 C

HALLANDALE, FL 33009 US

Current Mailing Address: New Mailing Address:

2649 RIVIERA DR 541 BLUE HERON DR

MIRAMAR, FL 33023 106 C

HALLANDALE, FL 33009 US

FEI Number: 03-0479984 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:

BARTOLI, MONIQUE CAROLE
2649 RIVIERA DR
541 BLUE HERON DR
MIRAMAR, FL 33023 US
106 C

HALLANDALE, FL 33009 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: MONIQUE C. BARTOLI 07/15/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEP () Delete Title: CEP (X) Change () Addition Name: BARTOLI, MONIQUE CAROLE Name: BARTOLI, MONIQUE C

 Address:
 2649 RIVIERA DR
 Address:
 541 BLUE HERON DR # 106 C

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip: HALLANDALE, FL 33009 US

Title: PD () Delete Title: () Change () Addition

 Name:
 VERGARA, SANDRINA P
 Name:

 Address:
 9210 FONTAINBLEAU BLVD #503
 Address:

 City-St-Zip:
 MIAMI, FL 33172
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 VERGARA, CAROLYN
 Name:

 Address:
 13821 SW 17TH AVE #8
 Address:

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 BARTOLI, PATRICK
 Name:

 Address:
 2837 ISLAND DR
 Address:

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MONIQUE C. BARTOLI CEP 07/15/2006