2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007432

1. Entity Name

MANDO PARRA FOUNDATION FOR CHILDREN WITH SPECIAL NEEDS, INC.

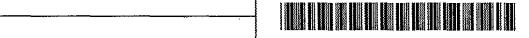


FILED Mar 15, 2004 08:00 AM Secretary of State

Principal Place of Business

1323 20TH TERRACE KEY WEST, FL 33040 Mailing Address

1323 20TH TERRACE KEY WEST, FL 33040



DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 48-1277321 Applied For Not Applicable

5. Certificate of Status Desired

Deana Carbonell, D.V. 3-10-04 305-296-616

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

KELLEY, ALBERT L 926 TRUMAN AVE KEY WEST, FL 33040

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 privated name of registrated against and title # applicable. (NOTE, Registered Again signature required when remaining) DATE | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | Election Campaign Financing Trust Fund Contribution. | ° D | \$5.00 May Be Added to Fees | U00000088598 03/15/04-80058-002 61 | 2C |
| 10. OFFICERS AND DIRECTORS | | | | | | • 5 . 1 |
| TITLE NAME STREET ADDRESS CETY+ST-ZP | DP CARBONELL, JOHN III 1323 20TH TERRACE KEY WEST, FL 33040 | | • | | A TOTAL OF THE STATE OF THE STA | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CARBONELL, DEANA 1323 20TH TERRACE KEY WEST, FL 33040 | | | | e de la companya de | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARBONELL, JOHN IV 1323 20TH TERRACE KEY WEST, FL 33040 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | . |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | - | | |
| NAME STREET ADDRESS CRY-ST-ZIP | | | | | | |
| 12. Hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to exacute 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. | | | | | | |