

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007904

FILED
Apr 25, 2004
Secretary of State**Entity Name:** THE ALMODOVAR DIABETES FOUNDATION, INC.**Current Principal Place of Business:**6190 WOODLANDS BLVD.
SUITE 119
TAMARAC, FL 33319**New Principal Place of Business:****Current Mailing Address:**6190 WOODLANDS BLVD.
SUITE 119
TAMARAC, FL 33319**New Mailing Address:****FEI Number:** 02-0647455**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALMODOVAR, RAFAEL N
6190 WOODLANDS BLVD.
SUITE 119
TAMARAC, FL 33319**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: D () Delete
Name: ALMODOVAR, RAFAEL N
Address: 6190 WOODLANDS BLVD. #119
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: ALMODOVAR, NELSON
Address: 6190 WOODLANDS BLVD. #119
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: RIVERA, NILDA R
Address: 9975 NW 46TH STREET #101
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: VELAZYUEZ, MANICM
Address: 6270 WILES RD., #306
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: PISANA, LAURA
Address: 2624 NW 38TH ST
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RIVERA, NILDA R
Address: 3100 HOLIDAY SPRINGS BOULEVARD APT 204
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change () Addition
Name: VELAZQUEZ, MONICA
Address: 6270 WILES RD., #306
City-St-Zip: CORAL SPRINGS, FL 33067

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: RAFAEL ALMODOVAR

DIRE

04/25/2004

Electronic Signature of Signing Officer or Director

Date