2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000590



FILED Feb 24, 2006 8:00 am Secretary of State

02-24-2006 90019 001 ****61.25

1. Entity Name MUSEUM OF THE AFRICAN DIASPORA OF THE AMERICAS FOUNDATION, INC.								02-24-2006 90019 002 *****8.75				
701 BRICKELL AVENUE SUITE 3000 70			701 BR	oiling Address O1 BRICKELL AVENUE SUITE 3000 IAMI, FL 33131				66002332				
2. Principal P	lace of Busir	ness	3. Mailing	Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			_ -					
			- Gaile,	<u> </u>			01102006	Chg-NP	CR2E03	37 (11/05)	<u>. </u>	
City & State			· City &	City & State			4. FEI Number 56-23776	91		_ 	oplied For ot Applicable	
Zip	Country		Zip	Zip Co		untry	5. Certificate of Status Desired See Require			ditional		
6. Name and Address of Current Registered				Agent	L		7. Name and Ad	dress of New R		 		
INTRASTA	TE REGI	STERED AGENT COR	RPORAT	ION		Name			:			
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131						Street Address (P.O. Box Number is Not Acceptable)						
		•										
						City		•	FL	Zip Code	e	
	named entitions of regis	ty submits this statement for tered agent.	the purpose	e of changing its	register	ed office or regis	stered agent, or both, i	n the State of Fk	orida. I am i	familiar with,	and accept	
SIGNATURE .						<u> </u>						
	Signature, typed	d or printed name of registered agent an	nd title il applica	ble. (NOTI	E: Registere	ed Agent signature requ	uired when reinstating)		DATE		1	
; ;	Filing Fe	ee is \$61.25 Way 1, 2006	nd title il applica	9. Election Car Trust Fund C	npaign f	Financing	\$5.00 May Be Added to Fees		lake check	payable to	1	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

41 IVOLIMENT

MARILYN HOLIFIELD

Marilyn Holifield 305 789 7730 mholifield@hklaw.com

February 22, 2006

CERTIFIED MAIL Return Receipt Requested

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Museum of the African Diaspora of the Americas Foundation

Dear Sir or Madam:

Enclosed are two checks: one in the amount of \$61.25 for the Annual Report and the other in the amount of \$8.75 for a copy of the Certificate of Status.

Sincerely,

Marilyn J. Holifield

Enclosures

3529482_v1