

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000719 1. Entity Name HEART TO HEART FOUNDATION, INC.	
--	---

Principal Place of Business 5601 N DIXIE HIGHWAY # 202 FORT LAUDERDALE, FL 33334	Mailing Address 5601 N DIXIE HIGHWAY # 202 FORT LAUDERDALE, FL 33334
---	---



05022006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1160294	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GHAHRAMANI, ALI R 5601 N DIXIE HIGHWAY STE 202 FORT LAUDERDALE, FL 33334
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000565992
05/24/06-80004-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAHRAMANI, ALI R 5601 N DIXIE HIGHWAY STE 202 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINE, ROBERT MD 5601 N DIXIE HIGHWAY #209 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, ERWIN MD 2600 NE 9TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOE, STUART MD 5601 N DIXIE HIGHWAY #209 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, ASLAM MD 4900 W OAKLAND PARK BLVD. #207 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2006 (954) 771-0087
Date Daytime Phone is