


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000000719 1. Entity Name HEART TO HEART FOUNDATION, INC.	
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Principal Place of Business 5601 N DIXIE HIGHWAY # 202 FORT LAUDERDALE, FL 33334	Mailing Address 5601 N DIXIE HIGHWAY # 202 FORT LAUDERDALE, FL 33334
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**DO NOT WRITE IN THIS SPACE**

07182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1160294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

U000000769905  
07/23/07-80001-008 61.25

**DO NOT WRITE  
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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.

SIGNATURE:  President 7/18/07 (954) 771-8087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #