

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002106

FILED
Mar 10, 2005
Secretary of State

Entity Name: EL-SHADDAI FOUNDATION INC.

Current Principal Place of Business:

241 SE 31 ST
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

241 SE 31 ST
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 12-1541411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAGA, MINERVA C
3929 N FEDERAL
POMPANO BEACH, FL 33064 US

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: PD () Delete
Name: BRAGA, MINERVA C
Address: 241 SE 31 ST
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD () Delete
Name: CARVALHO, LUIS
Address: 241 SE 31 ST
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: ORTIZ, JUAN B
Address: 65E1 NE 45TH COURT
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MINERVA BRAGA

P

03/10/2005

Electronic Signature of Signing Officer or Director

Date