2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004949

1. Entity Name
MILDRED H. FAGEN FOUNDATION, INC.

Principal Place of Business	Mailing Address
11367 SW 85 LANE C/O MILDRED H. FAGEN MIAMI, FL 33173	11367 SW 85 LANE C/O MILDRED H. FAGEN MIAMI, FL 33173

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03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
30-0185034

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ
C/O THERREL BAISDEN, P.A.
ONE SE 3RD AVE, STE 2400
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FAGEN, MILDRED H
STREET ADDRESS	11376 SW 85 LANE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	MILLER, FRAN
STREET ADDRESS	11931 SW 132 CT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	RUBIN, LEX
STREET ADDRESS	1137 S UNIVERSITY DR
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/07/06-80026-019 61.25

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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: _____ 3-10-06 305-598-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #