


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000004949	
1. Entity Name MILDRED H. FAGEN FOUNDATION, INC.	

Principal Place of Business 11367 SW 85 LANE C/O MILDRED H. FAGEN MIAMI, FL 33173	Mailing Address 11367 SW 85 LANE C/O MILDRED H. FAGEN MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE

(N03000004949N)

01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0185034	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGEN, MILDRED H 11376 SW 85 LANE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, FRAN 11931 SW 132 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, LEX 1137 S UNIVERSITY DR 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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03/12/07-80033-009 70.00

**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

2-26-07

Date

305-
598-9050

Daytime Phone #