2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # N0300006372 1. Entity Name P M CHARITIES FOUNDATION, INC.						05-03-2005 90165 048 ****70.00					
Principal Place of Business 10750 WESTWOOD LAKE DR. MIAMI, FL 33165 Mailing Address 10750 WESTWOOD LAKE IN MIAMI, FL 33165				KE DR.							
2. Principal Place of Business 3. N			3. Mail	Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			04282005	Chg-NP	CR2E0	37 (10/03)	
City & State			City & State			4. FEI Number 86-1074	452			plied For at Applicable	
Zip	Country		Zip			untry	5. Certificate of	f Status Desired	×	\$8.75 Add Fee Require	
	6. Name a	nd Address of Curren	nt Registere	d Agent		Nome	7. Name and A	Address of New I	Registered	Agent	
CASTILLO), EDUARDO) A				Name					
CASTILLO, EDUARDO A 10750 WESTWOOD LAKE DR. MIAMI, FL 33165						Street Address (P.O. Box Number is Not Acceptable)					
						City		<u>.</u>	FL	Zip Code	9
8. The above the obligat	named entity s tions of register	submits this statement i ed agent.	for the purp	ose of changing its	register	ed office or regist	tered agent, or both	, in the State of Fl	lorida. 1 am	familiar with,	and accept
SIGNATURE .											
	Signature, typed or	printed name of registered age	nt and title if app	licable. (NOT	: Registere	d Agent signature requi	red when reinstating)		DATE		_
	Filing Fee Due by Ma	is \$61.25	nt and title if app	9. Election Car Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees		Make check	k payable to	
10.	Filing Fee	is \$61.25		9. Election Car	npaign F	inancing	\$5.00 May Be Added to Fees	Flo	Make check rida Depar	tment of St	late
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTILLO, 10750 WES	is \$61.25 by 1, 2005 OFFICERS AND D EDUARDO A TWOOD LAKE DR.	DIRECTORS	9. Election Car	npaign F Contributi 11. TITLE NAM STRE	inancing ion. E E ET ADDRESS	\$5.00 May Be	Flo	Make check rida Depar	tment of St	late
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I hereby certify that the information supplied with this filling does not qualify 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 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

ELLICADO A. COSTILO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: