


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (ART)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-08-2004 90045 015 ****61.25

DOCUMENT # N03000006456 1. Entity Name FLORIDA FOUNDATION FOR HEALTH AWARENESS, INC.					
Principal Place of Business 5366 W. 12TH AVE. HIALEAH FL 33012			Mailing Address 5366 W. 12TH AVE. HIALEAH FL 33012		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2676037	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PINO, HELEN 9020 SW 68TH TERR. MIAMI FL 33012				7. Name and Address of New Registered Agent Name PINO, HELEN Street Address (P.O. Box Number is Not Acceptable) 5366 WEST 12TH AVENUE City HIALEAH FL 33012	
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 <u><i>Helen Pino</i></u> DATE <u>04/18/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, HELEN <input type="checkbox"/> Delete 9020 SW 68TH TERR. MIAMI FL 33012				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERO, MARIA <input type="checkbox"/> Delete 8941 NW 117TH TERR. HIALEAH GARDENS FL 33012				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRANO, CARMEN <input type="checkbox"/> Delete 1820 W. 53RD ST. HIALEAH FL 33012				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u><i>Helen Pino</i></u> DATE <u>4/18/04</u> DAYTIME PHONE # <u>305-556-0061</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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MOORE CR2E037 (11/03)