


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000008343	
1. Entity Name THE ONION FUND, INC.	

Principal Place of Business 14216 S.W. 136TH ST MIAMI, FL 33186	Mailing Address 14216 S.W. 136TH ST MIAMI, FL 33186
---	---

DO NOT WRITE IN THIS SPACE



07232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 86-1082536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BRAHMS, LARRY 14216 S.W. 136TH ST MIAMI, FL 33186	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 \_\_\_\_\_

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHMS, LARRY 14216 S.W. 136TH ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONION, KENNETH 14216 S.W. 136TH ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000376626  
08/18/05-80003-004 61.25

DO NOT WRITE  
IN THIS SPACE

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:** Larry Brahms 8/16/05 305-255-8684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #