

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 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**



03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**86-1082536**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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

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

(NOTE: Registered Agent signature required when restate[ing])

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000465933  
03/22/06-80055-006 61.25

**10. OFFICERS AND DIRECTORS**

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

**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

**3/16/06 305-255-8684**