

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008493

FILED
Apr 29, 2004
Secretary of State

Entity Name: CULINART FOUNDATION INC.

Current Principal Place of Business:

4201 NE 2 AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

84 NW 68 TERR
MIAMI, FL 33150

New Mailing Address:

FEI Number: 03-0540903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIEN-AIME, ALEBE L
84 NW 68 TERR
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIEN-AIME, ALEBE L
Address: 84 NW 68 TERR
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: FLEURANT, JOSEPH G
Address: 805 NE 85 ST
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: AUGUSTIN, JEAN JONES
Address: 84 NW 68 TERR
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: ASSE, ANNANIAS
Address: 5433 PAPER MILL RD
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: JACQUES, PATRICK
Address: 9213 BLUE GRASS RD #8
City-St-Zip: PHILA, PA 19114

Title: D () Delete
Name: FABIOUS, HENRILUS
Address: 1340 NE 131 ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIEN-AIME ALEBE L.

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date