


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

**FILED**

**Feb 08, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N03000008757</b> 1. Entity Name <b>DOROTHY BARRIE PRIVATE FOUNDATION, INC.</b>	
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Principal Place of Business <b>19925 NE 39TH PLACE APT. 201 AVENTURA, FL 33180</b>	Mailing Address <b>19925 NE 39TH PLACE APT. 201 AVENTURA, FL 33180</b>
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02012006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0212290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BARRIE, DOROTHY 19925 NE 39TH PLACE APT. 201 AVENTURA, FL 33180</b>
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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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000425033</b> <b>02/18/06-80077-016 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIE, DOROTHY 19925 NE 39TH PLACE APT. 201 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MEG 2627 IVES DAIRY RD SUITE 201 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, RICHARD 2627 IVES DAIRY RD SUITE 201 MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Dorothy Barrie  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_