# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2004**
**Secretary of State**

DOCUMENT# N03000008942

**Entity Name:** RELIEF FOUNDATION FOR CHILDREN WITH CANCER & CRITICAL ILLENESSES, INC.

**Current Principal Place of Business:**

2921 CORAL WAY
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2921 CORAL WAY
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number: 41-2111790** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIAUCCHAIRO, JUSTIN
2921 CORAL WAY
MIAMI, FL 33145

**Name and Address of New Registered Agent:**

FINOCCHIARO, JUSTIN M
2921 CORAL WAY
MIAMI, FL 33145

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: JUSTIN M. FINOCCHIARO 01/22/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: FINOCCHAIRO, JUSTIN
Address: 2921 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: V ( ) Delete
Name: FINOCCHAIRO, JUSTIN R
Address: 2921 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: S ( ) Delete
Name: FINOCCHAIRO, MARCIA
Address: 2921 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: FINOCCHAIRO, MICHAEL A
Address: 2921 CORAL WAY
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: FINOCCHIARO, JUSTIN M
Address: 2921 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: V (X) Change ( ) Addition
Name: FINOCCHIARO, JUSTIN R
Address: 2921 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: S (X) Change ( ) Addition
Name: FINOCCHIARO, MARCIA R
Address: 2921 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: D (X) Change ( ) Addition
Name: FINOCCHIARO, MICHAEL A
Address: 2921 CORAL WAY
City-St-Zip: MIAMI, FL 33145

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: JUSTIN M FINOCCHIARO P 01/22/2004
Electronic Signature of Signing Officer or Director Date