

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001161

FILED
Jun 03, 2005
Secretary of State

Entity Name: THE DE CESPEDES/PHARMED FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3075 NW 107 AVE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

3075 NW 107 AVE
MIAMI, FL 33172

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST 3 AVE STE 2800
MIAMI, FL 33131 US

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Change (X) Addition
Name: DE CESPEDES, CARLOS M
Address: 3075 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DVPS () Change (X) Addition
Name: DE CESPEDES, JORGE L
Address: 3075 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

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: JORGE L. DE CESPEDES

DVPS

06/03/2005

Electronic Signature of Signing Officer or Director

Date